

**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**Jan 16 1997 8:00am  
Secretary of State**

**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 712388 (8)**

1. Corporation Name

**EXPERIMENTAL AIRCRAFT ASSOCIATION, INC., MANASOT  
A CHAPTER 180**



Principal Place of Business  
**1923 ST GEORGE DR E  
BRADENTON FL 34206**

Mailing Address  
**1923 ST GEORGE DR E  
BRADENTON FL 34206-1537**

3. Date Incorporated or Qualified **03/10/1967** 3a. Date of Last Report **01/25/1996**

21	2. Principal Place of Business	2a	Mailing Address
22	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
23	City & State	27	City & State
24	Zip	28	Country
25	Country	29	Zip
		30	Country

4.	FEI Number	Applied For
	<b>59-2633611</b>	<input checked="" type="checkbox"/> Not Applicable
5.	Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**WALDT, JAMES R  
1923 ST GEORGE DR E  
BRADENTON FL 34206**

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

*James R. Waldt*  
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**1-5-97**

**12. OFFICERS AND DIRECTORS**

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

TITLE	<b>P</b> <input type="checkbox"/> DELETE
NAME	<b>TOM PENNELL</b>
STREET ADDRESS	<b>8307 SYLVANWOOD DR.</b>
CITY - ST - ZIP	<b>SARASOTA FL</b>
TITLE	<b>V</b> <input type="checkbox"/> DELETE
NAME	<b>PAUL CARSON</b>
STREET ADDRESS	<b>5800 N. LOCKWOOD RIDGE RD.</b>
CITY - ST - ZIP	<b>SARASOTA FL</b>
TITLE	<b>T</b> <input type="checkbox"/> DELETE
NAME	<b>WALDT, JAMES</b>
STREET ADDRESS	<b>1923 ST GEORGE DR E</b>
CITY - ST - ZIP	<b>BRADENTON FL</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>KELLER, JOHN</b>
STREET ADDRESS	<b>635 N. LIME AVE. #202</b>
CITY - ST - ZIP	<b>SARASOTA FL</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>THOMSON, JOHNNY</b>
STREET ADDRESS	<b>604 CAMELLIA AVE.</b>
CITY - ST - ZIP	<b>ELLENTON FL</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>REEVES, ROBERT</b>
STREET ADDRESS	<b>3914 HIDDEN RIVER RD.</b>
CITY - ST - ZIP	<b>SARASOTA FL</b>

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*James R. Waldt*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1-5-97**  
Date

CR2E037 (9/96)