

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 734822 (0)

1. Corporation Name

MID FLORIDA CHAPTER 534, EXPERIMENTAL AIRCRAFT ASSOCIATION, INC.



Principal Place of Business: 14 CYPRESS DRIVE EUSTIS FL 32726
Mailing Address: P.O. BOX 218 ALTOONA FL 32702

3. Date Incorporated or Qualified: 12/31/1975
3a. Date of Last Report: 05/16/1995

2. Principal Place of Business: 21 1713 ORKNEY DR. 22 Suite, Apt. #, etc.
2a. Mailing Address: 26 1713 ORKNEY DR. 27 Suite, Apt. #, etc.
23 LEESBURG, FL 28 LEESBURG, FL
24 34788 25 USA 29 34788 30 USA

4. FEI Number: 59-2411445
Applied For: Not Applicable
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
RAWSON, JOSEPH F
42421 HAWKINS RD
ALTOONA FL 32702

10. Name and Address of New Registered Agent
81 Name: HARPER, ROGER L.
82 Street Address (P.O. Box Number is Not Acceptable): 1713 ORKNEY DR.
83
84 City: LEESBURG FL 85 Zip Code: 34788

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: *Roger L. Harper* 2-15-96
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	FULLER, DAVID	
STREET ADDRESS	182 E LAKEVIEW ST	
CITY-ST-ZIP	UMATILLA FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	PUCKET, LEWIS	
STREET ADDRESS	812 LAKE SHORE DR	
CITY-ST-ZIP	LEESBURG FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	WEBER, JOHN	
STREET ADDRESS	10349 BAY ST	
CITY-ST-ZIP	LEESBURG FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	RAWSON, JOSEPH	
STREET ADDRESS	42421 HAWKINS	
CITY-ST-ZIP	ALTOONA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BROKAW, BERGON	
STREET ADDRESS	30033 JOHNSON POINT RD	
CITY-ST-ZIP	LEESBURG FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	CHARLES SCHNITZLEIN	
1.3 STREET ADDRESS	9807 WEDGEWOOD LN.	
1.4 CITY-ST-ZIP	LEESBURG, FL 34788	
2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	JOHN WEBER	
2.3 STREET ADDRESS	10349 BAY ST.	
2.4 CITY-ST-ZIP	LEESBURG, FL. 34788	
3.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	EARL JOHNS	
3.3 STREET ADDRESS	35904 SHELLY DR	
3.4 CITY-ST-ZIP	LEESBURG, FL 34788	
4.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	ROGER L. HARPER	
4.3 STREET ADDRESS	1713 ORKNEY DR.	
4.4 CITY-ST-ZIP	LEESBURG, FL 34788	
5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	DAVID FULLER	
5.3 STREET ADDRESS	182 E. LAKEVIEW ST.	
5.4 CITY-ST-ZIP	UMATILLA, FL 32788	
6.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	WILLIAM CONDELMANN	
6.3 STREET ADDRESS	14 CYPRESS DR.	
6.4 CITY-ST-ZIP	EUSTIS, FL 32726	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Roger L. Harper* 2-15-96 352-742-3100
Signature and typed or printed name of signing officer or director Date Day/Time Phone #

CR2E037 (12/95)