

FILE NOW: FILING FEE IS \$61.25

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Apr 27 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 734822 (0)

1. Corporation Name
MID FLORIDA CHAPTER 534, EXPERIMENTAL AIRCRAFT ASSOCIATION, INC.



Principal Place of Business 1713 ORKNEY DRIVE LEESBURG FL 34788 US	Mailing Address 1713 ORKNEY DRIVE LEESBURG FL 34788 US
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3. Date Incorporated or Qualified 12/31/1975
4. FEI Number 59-2411445
Applied For <input 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
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

9. Name and Address of Current Registered Agent

HARPER, ROGER L
1713 ORKNEY DRIVE
LEESBURG FL 34788

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83. City
84. State FL
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 _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	SCHNITZLEIN, CHARLES	
STREET ADDRESS	9807 WEDGEWOOD LANE	
CITY-ST-ZIP	LEESBURG F 34788	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	WEBER, JOHN	
STREET ADDRESS	10349 BAY STREET	
CITY-ST-ZIP	LEESBURG FL 34788	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	JOHNS, EARL	
STREET ADDRESS	35904 SHELLY DRIVE	
CITY-ST-ZIP	LEESBURG FL 34788	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	HARPER, ROGER L.	
STREET ADDRESS	1713 ORKNEY DRIVE	
CITY-ST-ZIP	LEESBURG FL 34788	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FULLER, DAVID	
STREET ADDRESS	182 E LAKEVIEW STREET	
CITY-ST-ZIP	UNATILLA FL 32748	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CONDERMAN, WILLIAM	
STREET ADDRESS	14 CYRESS DR.	
CITY-ST-ZIP	EUSTIS FL 32728	

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	JOHN H. WEBER	
1.3 STREET ADDRESS	10349 BAY ST.	
1.4 CITY-ST-ZIP	LEESBURG, FL 34788	
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 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: *Roger L. Harper* **4/15/98 352-742-3100**

CFR2007 (10/97)