

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 29, 2007 08:00 AM
Secretary of State



DOCUMENT # 734822			
1. Entity Name MID FLORIDA CHAPTER 534, EXPERIMENTAL AIRCRAFT ASSOCIATION, INC.			
Principal Place of Business 6035 SPRING CREEK CT MOUNT DORA FL 32757-6953 US		Mailing Address 6035 SPRING CREEK CT MOUNT DORA FL 32757-6953 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent HOWARD, WILLIAM E 6035 SPRING CREEK CT MOUNT DORA FL 32757-6953		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		FL	Zip Code
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			



1st MOORE CR2E037 (10/06)

4. FEI Number **59-2411445**
 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

FILE NOW: FEE IS \$61.25 Due By May 1, 2007 <i>Paid CK # 782 dtd 26 JAN 07</i>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	TD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOWARD, WILLIAM		NAME		
STREET ADDRESS	6035 SPRING CREEK CT		STREET ADDRESS		
CITY-ST-ZIP	MOUNT DORA FL 32757-6953		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEBER, JOHN		NAME		
STREET ADDRESS	10349 BAY ST.		STREET ADDRESS		
CITY-ST-ZIP	LEESBURG FL 34788		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CANNON, MICHAEL		NAME		
STREET ADDRESS	36336 MICRO RACETRACK RD		STREET ADDRESS		
CITY-ST-ZIP	FRUITLAND PARK FL 34731		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CONDERMAN, WILLIAM		NAME		
STREET ADDRESS	14 CYRESS DR.		STREET ADDRESS		
CITY-ST-ZIP	EUSTIS FL 32726		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowerment.

SIGNATURE: *William E. Howard (WILLIAM E. HOWARD)* **26 JAN 07 352-735-6347**