

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 13, 2007 08:00 AM
Secretary of State

DOCUMENT # N98000005241

1. Entity Name
LOVE'S AIRPARK INC. EAA CHAPTER #1236



Principal Place of Business
**3841 SE 158TH CT.
WEIRSDALE, FL 32195**

Mailing Address
**3841 SE 158TH CT.
WEIRSDALE, FL 32195**



01042007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3550988

☒ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**WASHBURN, LORENE
3841 SE 158TH CT.
WEIRSDALE, FL 32195**

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**000000706853
04/24/07-80053-001 70.00**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**ST
WASHBURN, LORENE
3841 SE 158TH CT.
WEIRSDALE, FL 32195**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PD
WILLIAMS, HUGH
15928 SE 179TH LANE
WEIRSDALE, FL 32195**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VPT
WILSON, PAUL
8460 SE 159TH COURT
OCKLAWAHA, FL 32179**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 empowered.

SIGNATURE: *Florence L Washburn*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-4-07 (357) 750-5312
Date Daytime Phone #