

# 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.**

2a. Mailing Address  
26 **1713 ORKNEY DR.**

4. FEI Number  
**59-2411445**

Applied For  
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

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

22 City & State  
23 **LEESBURG, FL**

27 City & State  
28 **LEESBURG, FL**

6. Election Campaign Financing  
Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

24 Zip **34788** 25 Country **USA**

29 Zip **34788** 30 Country **USA**

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

*Joseph F. Rawson*  
Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

**2-15-96**

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE  
NAME **PD FULLER, DAVID**  
STREET ADDRESS **182 E LAKEVIEW ST**  
CITY-ST-ZIP **UMATILLA FL**

1.1 TITLE ☒ Change ☐ Addition  
1.2 NAME **PD CHARLES SCHNITZLEIN**  
1.3 STREET ADDRESS **9807 WEDGEWOOD LN.**  
1.4 CITY-ST-ZIP **LEESBURG, FL 34788**

TITLE ☐ DELETE  
NAME **VD PUCKET, LEWIS**  
STREET ADDRESS **812 LAKE SHORE DR**  
CITY-ST-ZIP **LEESBURG FL**

2.1 TITLE ☒ Change ☐ Addition  
2.2 NAME **VD JOHN WEBER**  
2.3 STREET ADDRESS **10349 BAY ST.**  
2.4 CITY-ST-ZIP **LEESBURG, FL 34788**

TITLE ☐ DELETE  
NAME **SD WEBER, JOHN**  
STREET ADDRESS **10349 BAY ST**  
CITY-ST-ZIP **LEESBURG FL**

3.1 TITLE ☒ Change ☐ Addition  
3.2 NAME **SD EARL JOHNS**  
3.3 STREET ADDRESS **35904 SHELLY DR**  
3.4 CITY-ST-ZIP **LEESBURG, FL 34788**

TITLE ☐ DELETE  
NAME **TD RAWSON, JOSEPH**  
STREET ADDRESS **42421 HAWKINS**  
CITY-ST-ZIP **ALTOONA FL**

4.1 TITLE ☒ Change ☐ Addition  
4.2 NAME **TD ROGER L. HARPER**  
4.3 STREET ADDRESS **1713 ORKNEY DR.**  
4.4 CITY-ST-ZIP **LEESBURG, FL 34788**

TITLE ☐ DELETE  
NAME **D BROKAW, BERGON**  
STREET ADDRESS **30033 JOHNSON POINT RD**  
CITY-ST-ZIP **LEESBURG FL**

5.1 TITLE ☒ Change ☐ Addition  
5.2 NAME **D DAVID FULLER**  
5.3 STREET ADDRESS **182 E. LAKEVIEW ST.**  
5.4 CITY-ST-ZIP **UMATILLA, FL 32788**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☒ Change ☐ Addition  
6.2 NAME **D WILLIAM CONDERMANN**  
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:

*Joseph F. Rawson*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2-15-96**

Date

**352-742-3100**

Daytime Phone #

CR2E037 (12/95)