

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT

1996



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

DOCUMENT # N46444 (8)

1. Corporation Name

EXPERIMENTAL AIRCRAFT ASSOCIATION, INCORPORATED
CHAPTER 977

Principal Place of Business

Mailing Address

RR 18 BOX 590
LAKE CITY FL 32025
US

RR 18 BOX 590
LAKE CITY FL 32025
US



3. Date Incorporated or Qualified
12/12/1991

3a. Date of Last Report
04/12/1995

2. Principal Place of Business

2a. Mailing Address

21 R+18 Box 601

26 SAME

4. FEI Number
59-3141366

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

23 LAKE CITY FL

24 32025 25 USA

28 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FERA; MARILYN A
23 AIR PARK LANE
RR 18 BOX 581
LAKE CITY FL 32025

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME FERA, KIRBY A.
STREET ADDRESS RR 18 BOX 581
CITY-ST-ZIP LAKE CITY FL ☒ DELETE

1.1 TITLE PRESIDENT-DIRECTOR ☒ Change ☐ Addition
1.2 NAME MICHAEL LANDAU
1.3 STREET ADDRESS R+18 Box 601
1.4 CITY-ST-ZIP LAKE CITY, FL 32025

TITLE VD
NAME HAINES, WALTER V.
STREET ADDRESS RR 18 BOX 582
CITY-ST-ZIP LAKE CITY FL ☒ DELETE

2.1 TITLE VICE PRESIDENT-DIRECTOR ☒ Change ☐ Addition
2.2 NAME JAMES STEPHENS
2.3 STREET ADDRESS R+18 Box 598
2.4 CITY-ST-ZIP LAKE CITY, FL 32025

TITLE TD
NAME DOLBOW, RAYMOND C.
STREET ADDRESS RR 18 BOX 581
CITY-ST-ZIP LAKE CITY FL ☒ DELETE

3.1 TITLE TREASURER-DIRECTOR ☒ Change ☐ Addition
3.2 NAME JAN STEPHENS
3.3 STREET ADDRESS R+18 Box 598
3.4 CITY-ST-ZIP LAKE CITY, FL 32025

TITLE S
NAME SESSIONS, RAYMOND R.
STREET ADDRESS 625 LAKESHORE BLVD
CITY-ST-ZIP KISSIMEE FL 34744 ☒ DELETE

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME FLOY LANDAU
4.3 STREET ADDRESS R+18 Box 601
4.4 CITY-ST-ZIP LAKE CITY, FL 32025

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

5.1 TITLE 000001855470 ☐ Change ☐ Addition
5.2 NAME -06/07/96--01033--057
5.3 STREET ADDRESS ***61.25
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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: MICHAEL LANDAU

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/96 904 752-9972
Date Daytime Phone #

CR2E037 (12/95)