

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 734822

**Entity Name:** MID FLORIDA CHAPTER 534, EXPERIMENTAL AIRCRAFT ASSOCIATION, INC.

**FILED**  
**Mar 20, 2024**  
**Secretary of State**  
**1541370282CC**

**Current Principal Place of Business:**

8701 AIRPORT BLVD,  
SUITE 103  
LEESBURG, FL 34788

**Current Mailing Address:**

8701 AIRPORT BLVD,  
SUITE 103  
LEESBURG, FL 34788 US

**FEI Number: 80-0185498**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

SCHULTE, ALARIC  
8701 AIRPORT BOULEVARD  
SUITE 103  
LEESBURG, FL 34788 US

*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.*

**SIGNATURE:** ALARIC SCHULTE

03/20/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title VP, DIRECTOR  
Name WEBER, JOHN  
Address 10349 BAY ST  
City-State-Zip: LEESBURG FL 34788

Title PRESIDENT, DIRECTOR  
Name HAGE, MIKE  
Address 2528 BOTELLO AVE  
City-State-Zip: THE VILLAGES FL 32162

Title DIRECTOR  
Name LUEBBERS, TED  
Address 5849 BOUNTY CIRCLE  
City-State-Zip: TAVARES FL 34778

Title DIRECTOR  
Name ADRIEN, PAUL  
Address 2706 GRAND ISLAND SHORES RD  
City-State-Zip: EUSTIS FL 32726

Title DIRECTOR  
Name HARRIS, MARTIN  
Address 6548 SE 159 COURT  
City-State-Zip: OCKLAWAHA FL 32179

Title TREASURER, DIRECTOR  
Name SCHULTE, ALARIC  
Address 8701 AIRPORT BOULEVARD  
SUITE 103  
City-State-Zip: LEESBURG FL 34788

Title SECRETARY, DIRECTOR  
Name BETZ, JUDIE  
Address 301 LAKE MARGARET CIR  
UNIT 4302  
City-State-Zip: MOUNT DORA FL 32757

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** ALARIC SCHULTE

**TREASURER**

03/20/2024

Electronic Signature of Signing Officer/Director Detail

Date