

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 734822

**FILED**  
**Feb 04, 2020**  
**Secretary of State**  
**6856039851CC**

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

**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: Yes**

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

BANUS, MARK  
1140 HARLEY CIRCLE  
THE VILLAGES, FL 32162 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: MARK BANUS**

**02/04/2020**

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 SECRETARY, DIRECTOR  
Name TILFORD, STEVE  
Address 1368 PATRICK PLACE  
City-State-Zip: THE VILLAGES FL 32162

Title DIRECTOR  
Name SOULE, JODIE  
Address 5101 BANANA POINT DRIVE  
City-State-Zip: OKAHUMPKA FL 34762

Title TREASURER, DIRECTOR  
Name BANUS, MARK  
Address 1140 HARLEY CIRCLE  
City-State-Zip: THE VILLAGES FL 32162

Title PRESIDENT, DIRECTOR  
Name HARGIS, JOEL  
Address 11231 LAKE DR.  
City-State-Zip: LEESBURG FL 34788

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

Title DIRECTOR  
Name GOODSPEED, JIM  
Address 63135 APIARY RD.  
City-State-Zip: GRAND ISLAND FL 32726

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

**Continues on page 2**

*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: STEVE TILFORD**

**SECRETARY**

**02/04/2020**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name CORNELIUS, DALE  
Address 21800 KING HENRY AVE.  
City-State-Zip: LEESBURG FL 34748

Title DIRECTOR  
Name MOREL, MARC  
Address 33312 IRON GATE DRIVE  
City-State-Zip: LEESBURG FL 34788

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

Title DIRECTOR  
Name HOLMES, ARNOLD  
Address 8900 AIRPORT RD.  
City-State-Zip: LEESBURG FL 34788