

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 734822

FILED
Apr 24, 2023
Secretary of State
3503906360CC

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:

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

04/24/2023

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

04/24/2023

Electronic Signature of Signing Officer/Director Detail

Date