

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N46444

**Entity Name:** EXPERIMENTAL AIRCRAFT ASSOCIATION, INCORPORATED  
CHAPTER 977

**FILED**  
**Feb 13, 2013**  
**Secretary of State**  
**CC6335160839**

**Current Principal Place of Business:**

DARYL HICKMAN  
423 NW 103RD TERRACE  
GAINESVILLE, FL 32607

**Current Mailing Address:**

DARYL HICKMAN  
423 NW 103RD TERRACE  
GAINESVILLE, FL 32607 US

**FEI Number: 59-3141366**

**Certificate of Status Desired: No**

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

HICKMAN, DARYL  
DARYL HICKMAN  
423 NW 103RD TERRACE  
GAINESVILLE, FL 32607 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: DARYL HICKMAN**

**02/13/2013**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PD  
Name HICKMAN, DARYL  
Address DARYL HICKMAN  
423 NW 103RD TERRACE  
City-State-Zip: GAINESVILLE FL 32607  
  
Title TD  
Name HOFFMAN, DOREEN  
Address 315 SW CHALLENGER LANE  
City-State-Zip: LAKE CITY FL 32025

Title VD  
Name WIENCEK, MARK  
Address 443 SW AIRPARK GLEN  
City-State-Zip: LAKE CITY FL 32025  
  
Title SD  
Name HOFFMAN, ROBERT  
Address 315 SW CHALLENGER LANE  
City-State-Zip: LAKE CITY FL 32025

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: DOREEN HOFFMAN**

**TREASURER**

**02/13/2013**

Electronic Signature of Signing Officer/Director Detail

Date