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

Electronic Signature of Signing Officer/Director Detail

	Electronic Signature of Registered Agent			
Officer/Director Detail :				
Title	PD	Title	VD	
Name	HICKMAN, DARYL	Name	WIENCEK, MARK	
Address	DARYL HICKMAN	Address	443 SW AIRPARK GLEN	
City State Zin		City-State-Zip:	LAKE CITY FL 32025	
City-State-Zip:	GAINESVILLE FL 32607			
Title	TD	Title	SD	
Name	HOFFMAN, DOREEN	Name	HOFFMAN, ROBERT	
Address	315 SW CHALLENGER LANE	Address City-State-Zip:	315 SW CHALLENGER LANE	
			City-State-Zip: LAKE CITY FL 32025	
City-State-Zip:	LAKE CITY FL 32025			

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.

### Name and Address of Current Registered Agent:

HICKMAN, DARYL DARYL HICKMAN 423 NW 103RD TERRACE

GAINESVILLE, FL 32607 US

SIGNATURE: DARYL HICKMAN

# DARYL HICKMAN

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

# 2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

### DOCUMENT# N46444

Entity Name: EXPERIMENTAL AIRCRAFT ASSOCIATION, INCORPORATED CHAPTER 977

### **Current Principal Place of Business:**

423 NW 103RD TERRACE GAINESVILLE, FL 32607

## **Current Mailing Address:**

## FEI Number: 59-3141366

# TREASURER

02/13/2013 Date

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

Certificate of Status Desired: No