

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

DOCUMENT# N46444

**Entity Name:** EXPERIMENTAL AIRCRAFT ASSOCIATION, INCORPORATED  
CHAPTER 977**FILED**  
**Feb 24, 2020**  
**Secretary of State**  
**1734830173CC****Current Principal Place of Business:**288 SW CHALLENGER LANE  
LAKE CITY, FL 32025**Current Mailing Address:**DON DOWNS  
121 SW CESSNA COURT  
LAKE CITY, FL 32025 US**FEI Number: 59-3141366****Certificate of Status Desired: Yes****Name and Address of Current Registered Agent:**DOWNS, DON  
DON DOWNS  
121 CESSNA COURT  
LAKE CITY, FL 32025 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: DON DOWNS****02/24/2020**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :****Title** DIRECTOR  
**Name** ZOELLER, BRAD  
**Address** 202 SW CHALLENGER LANE  
**City-State-Zip:** LAKE CITY FL 32025**Title** TD  
**Name** SIREN, MARK  
**Address** 166 SW SKYHAWK DRIVE  
**City-State-Zip:** LAKE CITY FL 32025**Title** VP  
**Name** HOFFMAN, ROBERT  
**Address** 315 SW CHALLENGER LANE  
**City-State-Zip:** LAKE CITY FL 32025**Title** DIRECTOR  
**Name** SEDLAK, CHRIS  
**Address** 14727 NW 95TH AVE  
**City-State-Zip:** LAKE BUTLER FL 32054**Title** PRESIDENT  
**Name** DOWNS, DON  
**Address** 121 SW CESSNA CT  
**City-State-Zip:** LAKE CITY FL 32025**Title** DIRECTOR  
**Name** HOFFMAN, DOREEN  
**Address** 315 SW CHALLENGER LANE  
**City-State-Zip:** LAKE CITY FL 32025**Title** DIRECTOR  
**Name** SHIPPEE, WILLIAM  
**Address** 244 SW CHALLENGER LN  
**City-State-Zip:** LAKE CITY FL 32025**Title** SECRETARY  
**Name** SEDLAK, APRIL  
**Address** 14727 NW 95TH AVE  
**City-State-Zip:** LAKE BUTLER FL 32054

*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: MARK SIREN****TREASURER****02/24/2020**

Electronic Signature of Signing Officer/Director Detail

Date