

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 706942

FILED
Feb 20, 2009
Secretary of State

Entity Name: EXPERIMENTAL AIRCRAFT ASSOCIATION, INC. CHAPTER 47

Current Principal Place of Business:

451 8TH AVE SOUTHEAST
ST. PETERSBURG, FL 33701 US

New Principal Place of Business:

Current Mailing Address:

451 8TH AVE SOUTHEAST
ST. PETERSBURG, FL 33701 US

New Mailing Address:

FEI Number: 04-3739859

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ANDERSON, GLENN
166 17TH AVENUE SOUTHEAST
SAINT PETERSBURG, FL 33701 US

Name and Address of New Registered Agent:

OLIVER, JAMES D
3059 HIGHLAND ST. N.
SAINT PETERSBURG, FL 33704 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: JAMES D. OLIVER

02/20/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ANDERSON, GLENN
Address: 166 17TH AVE SOUTHEAST
City-St-Zip: SAINT PETERSBURG, FL 33701

Title: VP () Delete
Name: SHIVERS, BILL
Address: 219 8TH STREET EAST
City-St-Zip: TIERRA VERDE, FL 33715

Title: T () Delete
Name: ANTRIM, DANIEL
Address: 11525 108TH STREET NORTH
City-St-Zip: LARGO, FL 33778

Title: S () Delete
Name: SMITH, JIM
Address: 326 5TH AVE N APT 24
City-St-Zip: SAINT PETERSBURG, FL 33701

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: OLIVER, JAMES D
Address: 3059 HIGHLAND ST. N.
City-St-Zip: SAINT PETERSBURG, FL 33704

Title: VP (X) Change () Addition
Name: HAZELTINE, HUGH
Address: 300 2 AVENUE S.E. SLIP 37
City-St-Zip: ST PETERSBURG, FL 33702

Title: TR (X) Change () Addition
Name: CLARK, DIANA
Address: 50 HARBOR OAKS CIRCLE
City-St-Zip: SAFETY HARBOR, FL 34695

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: JAMES D OLIVER

PRES

02/20/2009

Electronic Signature of Signing Officer or Director

Date