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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998

DOCUMENT # 709357 (8)

EXPERIMENTAL AIRCRAFT ASSOCIATION, INC. CHAPTER

FILED Jan 28 1998 8:00am Secretary of State

74						
Principal Place of Business		Mailing Address				
P. O. BOX 140571 ORLANDO FL 32814 US		P. O. BOX 140571 ORLANDO FL 32814 US		Date Incorporated or Qualified 07/26/1965 FEI Number	Applied For	
					59-1918173	Not Applicable
2. Principal Place of Business 2a. Mailing Address					5. Certificate of Status Desired	\$8.75 Additional
21	U	26			o. Octanicate of otatas besired	Fee Required
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be
City & State		City & State			7. Is this nonprofit corporation a homeowner.	Added to Fees
23		28	28		Yes W No	
Zip	Country Zip		Countr	Country 8. This corporation owes or has paid the current year Intangible		
24 25 29 29 3 9. Name and Address of Current Registered Agent			30			⊥Yes ☑No
	9. Name and Address of Curre	it Hegistered Agent	81	Name	10. Name and Address of New Registered	Agent
HAVDEN	POR		6,	Marrie		
HAYDEN, BOB				Street Add	dress (P.O. Box Number is Not Acceptable)	
4512 BRIDGEWATER DR ORLANDO FL 32817			83			
	0 1 2 02017		0.4	0.1		Tarl 7: 0 1
			84		FL	85 Zip Code
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registere office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.						
agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.						
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE						
12.	Signature, typed or printed name of registered age	ent and title if applicable. (NOT)	E: Registered Ag	ent signature requ	ulred when reinstating) ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 10
TITLE	D	DELETE DELETE	1,1 TITLE		ADDITIONS/OFFICERS AND	Change Addition
NAME	HENDERSON, JOHN	_	1.2 NAME			
STREET ADDRESS	1741 MOHAWK TRAIL		1.3 STREE	ADDRESS		
CITY-ST-ZIP	MAITLAND FL		1.4 CITY-5	ST-ZIP		
TITLE			2.1 TITLE		****	☐ Change ☐ Addition
NAME	SOLARES, EDWARD W		2.2 NAME			
Street address	4023 NEW HAMPTON COURT		2.3 STREET	ADORESS		
CITY-ST-ZIP	ORLANDO FL		2. 4 CITY-	ST-ZIP		
TITLE	\$	☐ DELETE	3,1 TITLE		·	☐ Change ☐ Addition
NAME	CARVETH, THOMAS A.		3.2 NAME			
STREET ADORESS			3.3 STREET	1		
CITY-ST-ZIP TITLE	ORLANDO FL	DELETE	3.4. CITY - :	ST-ZIP		Change Addition
NAME	r Hayden, bob	E. J OLCETE	4. 2 NAME			
STREET ADDRESS	4512 BRIDGEWATER DR		4. 2 NAME	ADDOESS		
CITY-SI-ZIP	ORLANDO FL		4.3 STREET	ı		
TITLE	T	DELETE	5.1 TITLE	1-21		Change Addition
NAME	CORBITT, JAMES C. JR.		5.2 NAME			_ , _
STREET ADDRESS	8500 JONES AVE.		5.3 STREET	ADDRESS		
CITY-ST-ZIP	ZELLWOOD FL		5.4 CITY - S	T- ZIP		
TITLE			6.1 TITLE			Change Addition
NAME	BULCHER, DAVE		6.2 NAME	İ		
STREET ADDRESS	616 VISCAYA AVENUE		6.3 STREET	ADDRESS		
CITY-ST-ZIP	ORLANDO FL	(i), d > (ii)	6.4 CITY - S	T-ZIP		

SIGNATURE: