

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 709357

FILED
Apr 18, 2011
Secretary of State

Entity Name: EXPERIMENTAL AIRCRAFT ASSOCIATION, INC. CHAPTER 74

Current Principal Place of Business:

P. O. BOX 140571
ORLANDO, FL 32814 US

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 140571
ORLANDO, FL 32814 US

New Mailing Address:

FEI Number: 90-0637543

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KOSAR, ROBERT
2319 SPRINGS LANDING BLVD
LONGWOOD, FL 32779 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: VP
Name: WALTERS-PHILLIPS, BARBARA
Address: 957 PREDMONT OAKS DR
City-St-Zip: APOPKA, FL 32703

Title: T
Name: KOSAR, ROBERT
Address: 2319 SPRINGS LANDING BLVD
City-St-Zip: LONGWOOD, FL 32779

Title: D
Name: CARVETH, TIM
Address: 5 WEST SPRUCE ST
City-St-Zip: ORLANDO, FL 32804

Title: D
Name: HOTZ, BRUCE
Address: 2710 RAEFORD ROAD
City-St-Zip: ORLANDO, FL 32806

Title: P
Name: THOMAS, JIM
Address: 716 BALM OVAL RD
City-St-Zip: WINTER PARK, FL 32789

Title: D
Name: VOGELPOHJ, JERRY
Address: 935 PLATO AVE
City-St-Zip: ORLANDO, FL 32809

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: ROBERT KOSAR

TREA

04/18/2011

Electronic Signature of Signing Officer or Director

Date