

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 711860

FILED
Mar 30, 2009
Secretary of State

Entity Name: EXPERIMENTAL AIRCRAFT ASSOCIATION, INDIAN RIVER CHAPTER 99, INC.

Current Principal Place of Business:

505 GULLWING DR
VERO BEACH, FL 32968

New Principal Place of Business:

Current Mailing Address:

505 GULLWING DR
VERO BEACH, FL 32968

New Mailing Address:

FEI Number: 73-6502102

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ZORC, WILLIAM
505 GULLWING DR
VERO BEACH, FL 32968 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: PD () Delete
Name: PFEIFLE, GERD
Address: 2580 RIVERVIEW CT.
City-St-Zip: VERO BEACH, FL 32963

Title: VD () Delete
Name: ZORC, WILLIAM
Address: 505 GULLWING DR
City-St-Zip: VERO BEACH, FL 32968

Title: SD () Delete
Name: KETNER, LANDIS
Address: 120 SOPWITH DR
City-St-Zip: VERO BEACH, FL 32968

Title: TD () Delete
Name: DAVID, MICHAEL
Address: 320 39TH CT
City-St-Zip: VERO BEACH, FL 32968

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VD (X) Change () Addition
Name: KEITH, GORDON
Address: 1545 56TH CT.
City-St-Zip: VERO BEACH, FL 32966

Title: SD (X) Change () Addition
Name: SUE, DEBLOIS
Address: 4466 60TH AVE.
City-St-Zip: VERO BEACH, FL 32967

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: WILLIAM J. ZORC

RA

03/30/2009

Electronic Signature of Signing Officer or Director

Date