

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 713357

FILED  
Jan 23, 2008  
Secretary of State

Entity Name: EXPERIMENTAL AIRCRAFT ASSOCIATION, INC., CHAPTER 66

## Current Principal Place of Business:

10816 TAXI WAY ECHO  
PAGE FIELD  
FORT MYERS, FL 33912 US

## New Principal Place of Business:

## Current Mailing Address:

19108 COCONUT RD  
FORT MYERS, FL 33912 US

## New Mailing Address:

14270 HICKORY LINKS CT.  
#2112  
FORT MYERS, FL 33912 US

FEI Number: 65-0242894

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

YOCUM, PAUL  
19108 COCONUT RD  
FORT MYERS, FL 33912 US

## Name and Address of New Registered Agent:

DENARDO, LEN F  
14270 HICKORY LINKS CT.  
#2112  
FORT MYERS, FL 33912 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: LEN DENARDO

01/23/2008

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: DP ( ) Delete  
Name: YOCUM, PAUL E  
Address: 19108 COCONUT RD  
City-St-Zip: FORT MYERS, FL 33912 US

Title: DV ( ) Delete  
Name: MCCLAIN, JIM  
Address: 311 SE 46TH LA.  
City-St-Zip: CAPE CORAL, FL 33904

Title: DS ( ) Delete  
Name: THOMAS, PAUL  
Address: 4040 OLD TRAIL WAY  
City-St-Zip: NAPLES, FL 34103

Title: DT ( ) Delete  
Name: SLOSS, CLAIRE  
Address: 15030 BONAIRE CIRCLE  
City-St-Zip: FORT MYERS, FL 33908

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition  
Name: DENARDO, LEN F  
Address: 14270 HICKORY LINKS CT. #2112  
City-St-Zip: FORT MYERS, FL 33912 US

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

Title: DS (X) Change ( ) Addition  
Name: HARNING, DAVID  
Address: 310 SW 38TH PL.  
City-St-Zip: CAPE CORAL, FL 33991 US

Title: DT (X) Change ( ) Addition  
Name: PRESTON, PAUL  
Address: 8127 COUNTRY RD. #103  
City-St-Zip: FORT MYERS, FL 33919 US

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: LEN DENARDO

PRES

01/23/2008

Electronic Signature of Signing Officer or Director

Date