

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 726240 (5)

1. Corporation Name

CYPRESS GARDENS CHAPTER OF THE EXPERIMENTAL AIRCRAFT ASSOCIATION, INC.



Principal Place of Business

GILBERT FIELD AIRPORT
WINTER HAVEN FL 33881

Mailing Address

3085 21 ST NW
WINTER HAVEN FL 33881-1294
US

3. Date incorporated or Qualified
04/26/1973

3a. Date of Last Report
01/27/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

23-7414859

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

22
City & State

27
City & State

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

23
Zip

Country

28
Zip

Country

24

25

29

30

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ADAMS, BILL
8317 W LAKE MARION ROAD
HAINES CITY FL 33844

81 Name

DIX, WALTER

82 Street Address (P.O. Box Number is Not Acceptable)

714 AVE A NW

83

84 City

WINTER HAVEN

FL

85 Zip Code

33881

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 registered 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.

SIGNATURE

WALTER DIX

(NOTE: Registered Agent signature required when reinstating)

02/16/96

12. OFFICERS AND DIRECTORS

TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	ADAMS, BILL B	
STREET ADDRESS	8317 W LAKE MARION RD	
CITY-ST-ZIP	HAINES CITY FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	SUMMERS, G H JR	
STREET ADDRESS	109 HIGH ST	
CITY-ST-ZIP	WINTER HAVEN FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	HEIGHTON, HAROLD H.	
STREET ADDRESS	1501 N. LK. MIRROR DR.	
CITY-ST-ZIP	WINTER HAVEN FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	DIX, WALTER	
STREET ADDRESS	714 AVE A NW	
CITY-ST-ZIP	WINTER HAVEN FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	GIBBS, RICHARD L	
1.3 STREET ADDRESS	316 W LAKE AVE	
1.4 CITY-ST-ZIP	AUBURNDALE FL 33823	
2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	HOLT, CARL W	
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	HOLT, CARL W	
3.3 STREET ADDRESS	901 AVE E NE	
3.4 CITY-ST-ZIP	WINTER HAVEN FL 33881	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

WALTER DIX

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/16/96

Date

941-2946700

Daytime Phone #

CR2E037 (12/95)