

4-22-98 B5330C
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Apr 22 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 3084 21 ST NW WINTER HAVEN FL 33881-1294 US
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3. Date Incorporated or Qualified 04/26/1973	
4. FEI Number 23-7414859	Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent
**DIX, WALTER
714 AVENUE A NW
WINTER HAVEN FL 33881**

10. Name and Address of New Registered Agent
81 Name **RALPH C.C. TURNER**
82 Street Address (P.O. Box Number is Not Acceptable)
550 TARA LN.
83
84 City **HAINES CITY** FL 85 Zip Code **33844**

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 Ralph C.C. Turner, President DATE 4/13/98
Signature type is a printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	PD <input checked="" type="checkbox"/> DELETE
NAME	GIBBS, RICHARD L.
STREET ADDRESS	316 W LAKE AVENUE
CITY-ST-ZIP	AUBURNDAL F
TITLE	VD <input checked="" 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	HOLT, CARL W.
STREET ADDRESS	901 AVENUE E NE
CITY-ST-ZIP	WINTER HAVEN FL
TITLE	SD <input checked="" 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	TURNER, RALPH C.C.
1.3 STREET ADDRESS	550 TARA LN.
1.4 CITY-ST-ZIP	HAINES CITY FL 33844-8013
2.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	CADORETTE, DAVID
2.3 STREET ADDRESS	7755 INDIAN RIDGE TRAIL
2.4 CITY-ST-ZIP	KISSIMMEE FL 34747
3.1 TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	HENRY, RONALD C.
3.3 STREET ADDRESS	3800 W. LAKE HAMILTON DR.
3.4 CITY-ST-ZIP	WINTER HAVEN FL 33881
4.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	TIFFANY, DRESDEN P.
4.3 STREET ADDRESS	246 HILL COUNTRY DR.
4.4 CITY-ST-ZIP	WINTER HAVEN FL 33881
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 hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Ralph C.C. Turner RALPH C.C. TURNER 4/13/98 422-1838 (941)

CR2E037 (10/97)