

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 08, 2006 8:00 am
Secretary of State

02-08-2006 90015 040 ****61.25

DOCUMENT # 726240

1. Entity 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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01302006

Chg-NP

CR2E037 (11/05)

4. FEI Number
23-7414859

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**STOREY, CHARLES
607 TAYLOR BLVD
WINTER HAVEN, FL 33880**

Name **TOM OLSON**

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

604 Whisper Woods Dr

City **LAKELAND**

FL

Zip Code **33813**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

[Signature]

2/1/06

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**RD
STOREY, CHAS L
607 TAYLOR BLVD
WINTER HAVEN, FL 33880** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PRES.
TOM OLSON
604 Whisper Woods Dr.
LAKELAND FL 33813** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
WOODSUM, RICHARD
2715 IDLERIDGE DR
WINTER HAVEN, FL 33881** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V. P.
LUKE BOWMAN
74 TOPPA DR.
WINTER HAVEN, FL 33884** ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
TAYLOR, CURTIS
19 AVIATION DRIVE
WINTER HAVEN, FL 33881** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TREAS.
MELVIN H. PECK
2020 KAPREE CT.
WINTER HAVEN, FL 33884** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Secy
HAYBUNDY
510 CLUB HILL RD.
WINTER HAVEN FL 33881** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

MELVIN H. PECK

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/31/06 863 318-8297

Date

Daytime Phone #