


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 28, 2004 8:00 am**  
**Secretary of State**

01-28-2004 90010 035 \*\*\*\*61.25

<b>DOCUMENT # 726375</b> 1. Entity Name <b>PANAMA CITY CHAPTER 202 OF THE EXPERIMENTAL AIRCRAFT ASSOCIATION, INC.</b>					
Principal Place of Business <b>12729 AIRWAY PANAMA CITY, FL 32404</b>			Mailing Address <b>12729 AIRWAY PANAMA CITY, FL 32404</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	01242004 Chg-NP CR2E037 (10/03)	
4. FEI Number <b>59-2363675</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>O'CONNOR, EDWARD W 13110 PARK WAY PANAMA CITY, FL 32404</b>			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> Zip Code _____		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>SMITH, RICHARD</b>		NAME		
STREET ADDRESS	<b>832 PLANTATION WAY</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>PANAMA CITY, FL 32404</b>		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>HOLLBROOK, JAMES</b>		NAME		
STREET ADDRESS	<b>325 DOGWOOD WAY</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>PANAMA CITY, FL 32404</b>		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>O'CONNOR, EDWARD W</b>		NAME		
STREET ADDRESS	<b>13110 PARK WAY</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>PANAMA CITY, FL 32404</b>		CITY-ST-ZIP		
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	<b>STARK, ROBERT</b>		NAME	<b>DIANE Johnston</b>	
STREET ADDRESS	<b>4532 MILL BAYOU RD</b>		STREET ADDRESS	<b>7303 Rodgers DR.</b>	
CITY-ST-ZIP	<b>PANAMA CITY, FL 32404</b>		CITY-ST-ZIP	<b>PANAMA CITY FL 32404</b>	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	<b>WILLIAMS, DALE</b>		NAME	<b>WAYNE Whitaker</b>	
STREET ADDRESS	<b>3308 E. HIGHWAY 390</b>		STREET ADDRESS	<b>1109 ILLINOIS AV.</b>	
CITY-ST-ZIP	<b>PANAMA CITY BEACH, FL 32405</b>		CITY-ST-ZIP	<b>LYNN HAVEN FL 32404</b>	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>STRAIT, JOEL</b>		NAME		
STREET ADDRESS	<b>106 WESTCOTT</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>PORT ST. JOE, FL 32456</b>		CITY-ST-ZIP		
12. 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 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.					
<b>SIGNATURE:</b> <i>Edward W O'Connor Treasurer</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<b>1/24/2004 850 871-4603</b> <small>Date Daytime Phone #</small>		