

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 726375

FILED  
Jan 10, 2006  
Secretary of State

**Entity Name:** PANAMA CITY CHAPTER 202 OF THE EXPERIMENTAL AIRCRAFT ASSOCIATION, INC.

**Current Principal Place of Business:**

12729 AIRWAY  
PANAMA CITY, FL 32404

**New Principal Place of Business:**

**Current Mailing Address:**

12729 AIRWAY  
PANAMA CITY, FL 32404

**New Mailing Address:**

**FEI Number:** 59-2363675

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

O'CONNOR, EDWARD W  
13110 PARK WAY  
PANAMA CITY, FL 32404 US

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: SMITH, RICHARD  
Address: 832 PLANTATION WAY  
City-St-Zip: PANAMA CITY, FL 32404

Title: SD ( ) Delete  
Name: WHITE, VANCE  
Address: 6200 EARL SAPP  
City-St-Zip: PANAMA CITY, FL 32404

Title: TD ( ) Delete  
Name: O'CONNOR, EDWARD W  
Address: 13110 PARK WAY  
City-St-Zip: PANAMA CITY, FL 32404

Title: VP ( ) Delete  
Name: STANRD, JOE  
Address: 55 NATURE WAY  
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: D ( ) Delete  
Name: WILLIAMS, DALE  
Address: 3308 E. HIGHWAY 390  
City-St-Zip: PANAMA CITY, FL 32405

Title: D ( ) Delete  
Name: HOLBROOK, JIM  
Address: 325 DOGWOOD WAY  
City-St-Zip: PANAMA CITY, FL 32404

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

Title: VP (X) Change ( ) Addition  
Name: STANKO, JOE  
Address: 55 NATURE WAY  
City-St-Zip: SANTA ROSA BEACH, FL 32459

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: EDWARD W OCONNOR

TRES

01/10/2006

Electronic Signature of Signing Officer or Director

Date