

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 729121

FILED
Mar 21, 2005
Secretary of State

Entity Name: EXPERIMENTAL AIRCRAFT ASSOCIATION, PENSACOLA, FLORIDA, CHAPTER 485,
INCORPORATED

Current Principal Place of Business:

5740 N. 9TH AVE.
PENSACOLA, FL 32504

New Principal Place of Business:

9750 AILERON AVE (FERGUSON AIRPORT)
PENSACOLA, FL 32506 US

Current Mailing Address:

3600 MULDOON RD.
PENSACOLA, FL 32526 US

New Mailing Address:

4104 LONGWOOD CIRCLE
GULF BREEZE, FL 32563 US

FEI Number: 59-3256044

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BORONA, STEPHEN
100475 WILLOW LAKE DR
PENSACOLA, FL 32506 US

Name and Address of New Registered Agent:

MCGOUN, ROBERT R PD
194 S CAMPBELLTON LANE
PENSACOLA, FL 325065148 US

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: ROBERT R. MCGOUN

03/21/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BORONA, STEPHEN
Address: 100475 WILLOW LAKE DR
City-St-Zip: PENSACOLA, FL 32506

Title: VD () Delete
Name: STINSON, WILLIAM
Address: 8550-L SCENIC HWY
City-St-Zip: PENSACOLA, FL 32514

Title: STD () Delete
Name: JOHNSON, ARDELL K
Address: 4104 LONGWOOD CIRCLE
City-St-Zip: GULF BREEZE, FL 325618500

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: MCGOUN, ROBERT R PD
Address: 194 S. CAMPBELLTON LANE
City-St-Zip: PENSACOLA, FL 325065148 US

Title: VD (X) Change () Addition
Name: MALLORY, CHRIS VP
Address: 5026 JENNY LANE
City-St-Zip: PENSACOLA, FL 325078102 US

Title: STD (X) Change () Addition
Name: JOHNSON, ARDELL K STD
Address: 4104 LONGWOOD CIRCLE
City-St-Zip: GULF BREEZE, FL 325618500 US

I hereby certify that the information supplied with this filing does not qualify for the 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 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: ROBERT R. MCGOUN

PD

03/21/2005

Electronic Signature of Signing Officer or Director

Date