

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 07, 2008 8:00 am**  
**Secretary of State**

03-07-2008 90039 046 \*\*\*\*61.25

**DOCUMENT # 729121**

1. Entity Name

**EXPERIMENTAL AIRCRAFT ASSOCIATION, PENSACOLA,  
FLORIDA, CHAPTER 485, INCORPORATED**



Principal Place of Business

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

Mailing Address

**4104 LONGWOOD CIRCLE  
GULF BREEZE FL 32563  
US**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/07)

4. FEI Number

**59-3256044**

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

~~SHELNUT, RANDY  
481 RONDA ST  
PENSACOLA FL 32534~~

Name

**Bruce Newman**

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

**5610 West Shore Dr.**

City

**Pensacola, FL**

FL

Zip Code

**32526**

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

**Bruce Newman**

**Bruce Newman**

**2/19/08**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2008**

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

TITLE PDSC  
NAME SHELNUT, RANDY ☒ Delete  
STREET ADDRESS 481 RONDA ST  
CITY-ST-ZIP PENSACOLA FL 32534

TITLE VP  
NAME HILL, CLIFFORD ☒ Delete  
STREET ADDRESS 6396 BAY OAKS ST  
CITY-ST-ZIP MILTON FL 32583

TITLE TD  
NAME JOHNSON, ARDELL K ☐ Delete  
STREET ADDRESS 4104 LONGWOOD CIR  
CITY-ST-ZIP GULF BREEZE FL

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PDSC ☒ Change ☐ Addition  
NAME Newman, Bruce  
STREET ADDRESS 5610 West Shore Dr.  
CITY-ST-ZIP Pensacola, FL 32526

TITLE VP ☒ Change ☐ Addition  
NAME Doug Francisco  
STREET ADDRESS 719 Skyhawk Dr.  
CITY-ST-ZIP PENSACOLA FL 32508

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

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

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

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

**Bruce Newman**

**2/19/08 850-712-1719**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Phone/Fax #