


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 14, 2006 8:00 am**  
**Secretary of State**

03-14-2006 90013 025 \*\*\*\*61.25

<b>DOCUMENT # 734822</b> 1. Entity Name <b>MID FLORIDA CHAPTER 534, EXPERIMENTAL AIRCRAFT ASSOCIATION, INC.</b>					
Principal Place of Business <b>1713 ORKNEY DRIVE LEESBURG FL 34788 US</b>			Mailing Address <b>1713 ORKNEY DRIVE LEESBURG FL 34788 US</b>		
2. Principal Place of Business <b>6035 SPRING CREEK COURT</b>		3. Mailing Address <b>6035 SPRING CREEK COURT</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <b>MOUNT DORA, FLORIDA</b>		City & State <b>MOUNT DORA, FLORIDA</b>		4. FEI Number <b>59-2411445</b>	
Zip <b>32757-6953</b>		Country <b>U.S.A.</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>HARPER, ROGER L 1713 ORKNEY DRIVE LEESBURG FL 34788</b>			7. Name and Address of New Registered Agent Name <b>WILLIAM E. HOWARD</b> Street Address (P.O. Box Number is Not Acceptable) <b>6035 SPRING CREEK COURT</b>  City <b>MOUNT DORA</b> <b>FL</b> Zip Code <b>32757-6953</b>		
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 <u>William E. Howard, Treasurer</u> <span style="float: right;">14 FEB 2006</span> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2006</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>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <b>SCHULZ, WILLIAM</b> <b>6314 HIGHLAND LAKES BLVD.</b> <b>LEESBURG FL 34748</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD <b>HOWARD, WILLIAM</b> <b>6035 SPRING CREEK COURT</b> <b>MOUNT DORA, FL 32757-6953</b>
<input type="checkbox"/> Change <input type="checkbox"/> Addition				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <b>WEBER, JOHN</b> <b>10349 BAY ST.</b> <b>LEESBURG FL 34788</b>	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Change <input type="checkbox"/> Addition				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD <b>HARPER, ROGER L.</b> <b>1713 ORKNEY DRIVE</b> <b>LEESBURG FL 34788</b>	<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Change <input type="checkbox"/> Addition				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD <b>CANNON, MICHAEL</b> <b>36336 MICRO RACETRACK RD</b> <b>FRUITLAND PARK FL 34731</b>	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Change <input type="checkbox"/> Addition				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>CONDERMAN, WILLIAM</b> <b>14 CYRESS DR.</b> <b>EUSTIS FL 32726</b>	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Change <input type="checkbox"/> Addition				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
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: <u>William E. Howard (WILLIAM E. HOWARD)</u> <span style="float: right;">14 FEB 2006 1-352-735-6347</span>					

