

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

FILED
Jan 30, 2008 8:00 am
Secretary of State

01-30-2008 90035 032 ****61.25

DOCUMENT # 734822	
1. Entity Name MID FLORIDA CHAPTER 534, EXPERIMENTAL AIRCRAFT ASSOCIATION, INC.	

Principal Place of Business 6035 SPRING CREEK CT MOUNT DORA FL 32757-6953 US	Mailing Address 6035 SPRING CREEK CT MOUNT DORA FL 32757-6953 US
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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 59-2411445	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent HOWARD, WILLIAM E 6035 SPRING CREEK CT MOUNT DORA FL 32757-6953	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	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 _____	(NOTE: Registered Agent Signature is required when re-registering)	DATE _____
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FILE NOW: FEE IS \$61.25 Due By May 1, 2008 PAID CH# 793 DTD 23 JAN 08	9. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HOWARD, WILLIAM 6035 SPRING CREEK CT MOUNT DORA FL 32757-6953 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PIERCE, DAVID 15227 THOROUGHbred LN. MONTVERDE, FL 33525 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WEBER, JOHN 10349 BAY ST. LEESBURG FL 34788 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD- CANNON, MICHAEL 36336 MICRO RACETRACK RD FRUITLAND PARK FL 34731 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CONDERMAN, WILLIAM 14 CYRESS DR. EUSTIS FL 32726 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: *William E. Howard* WILLIAM E. HOWARD 23 JAN 08 352-735-6347