

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 734822

FILED
Mar 25, 2009
Secretary of State

Entity Name: MID FLORIDA CHAPTER 534, EXPERIMENTAL AIRCRAFT ASSOCIATION, INC.

Current Principal Place of Business:

6035 SPRING CREEK CT
MOUNT DORA, FL 327576953 US

New Principal Place of Business:

1004 MARILYN ST
FRUITLAND PARK, FL 34731 US

Current Mailing Address:

6035 SPRING CREEK CT
MOUNT DORA, FL 327576953 US

New Mailing Address:

1004 MARILYN ST
FRUITLAND PARK, FL 34731 US

FEI Number: 59-2411445

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOWARD, WILLIAM E
6035 SPRING CREEK CT
MOUNT DORA, FL 327576953 US

Name and Address of New Registered Agent:

CIHOSKI, SR, EDWARD R
1004 MARILYN ST
FRUITLAND PARK, FL 34731 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: EDWARD R CIHOSKI, SR

03/25/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VD () Delete
Name: PIERCE, DAVID
Address: 15227 THOROUGHbred LN
City-St-Zip: DADE CITY, FL 33525

Title: SD () Delete
Name: WEBER, JOHN
Address: 10349 BAY ST.
City-St-Zip: LEESBURG, FL 34788

Title: D () Delete
Name: CONDERMAN, WILLIAM
Address: 14 CYRESS DR.
City-St-Zip: EUSTIS, FL 32726

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

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: PD () Change (X) Addition
Name: VAUGHN, ROBERT
Address: 5129 CHINA SEA DRIVE
City-St-Zip: TAVARES, FL 32778

Title: TD () Change (X) Addition
Name: CIHOSKI ,SR, EDWARD R
Address: 1004 MARILYN ST
City-St-Zip: FRUITLAND PARK, FL 34731

I hereby certify that the information supplied with this filing does not qualify 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 R CIHOSKI, SR

TD

03/25/2009

Electronic Signature of Signing Officer or Director

Date