

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 29, 2007 8:00 am**  
**Secretary of State**

01-29-2007 90081 035 \*\*\*\*70.00

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<b>DOCUMENT # 736940</b> 1. Entity Name SEMINOLE AIR FORCE CHAPTER 565 EXPERIMENTAL AIRCRAFT ASSOCIATION, INC.					
Principal Place of Business 28000 AIRPORT ROAD BUILDING 112 PUNTA GORDA, FL 33982 US			Mailing Address 1211 MCCRORY ST NORTH PORT, FL 34286 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		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
MEYERS, GLENN E 1211 MCCRORY ST NORTH PORT, FL 34286			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
<b>Make check payable to</b> <b>Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GRAY, CARLOS		NAME		
STREET ADDRESS	2410 PALO DURO BLVD.		STREET ADDRESS		
CITY-ST-ZIP	NORTH FORT MYERS, FL 33917		CITY-ST-ZIP		
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BUTLER, FRANK		NAME	SD	
STREET ADDRESS	21296 HIGGS DRIVE		STREET ADDRESS	SUZ ARMSTRONG	
CITY-ST-ZIP	PORT CHARLOTTE, FL 33952		CITY-ST-ZIP	1701 CASEY KEY DR.	
TITLE	TD		TITLE	PUNTA GORDA, FL 33950	
NAME	MEYERS, GLENN E		NAME		
STREET ADDRESS	1211 MCCRORY ST		STREET ADDRESS		
CITY-ST-ZIP	NORTH PORT, FL 34286		CITY-ST-ZIP		
TITLE	D		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SCHUMAN, LIONEL		NAME		
STREET ADDRESS	1105 RUM CAY CT		STREET ADDRESS		
CITY-ST-ZIP	PUNTA GORDA, FL 33950		CITY-ST-ZIP		
TITLE	D		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MAUTI, ROBERT		NAME		
STREET ADDRESS	17349 OHARA DR.		STREET ADDRESS		
CITY-ST-ZIP	PORT CHARLOTTE, FL 33948		CITY-ST-ZIP		
TITLE	VD		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	NORTON, CLAUDE		NAME		
STREET ADDRESS	27205 JONES LOOP RD.		STREET ADDRESS		
CITY-ST-ZIP	PUNTA GORDA, FL 33982		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.					
<b>SIGNATURE:</b> <i>Glenn E. Meyers</i> <b>Glenn E. Meyers</b> <b>1-24-07</b> <b>941-429-4214</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					