

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 736940

FILED
Jan 11, 2010
Secretary of State

Entity Name: SEMINOLE AIR FORCE CHAPTER 565 EXPERIMENTAL AIRCRAFT ASSOCIATION, INC.

Current Principal Place of Business:

28000 AIRPORT ROAD
BUILDING 112
PUNTA GORDA, FL 33982 US

New Principal Place of Business:

Current Mailing Address:

1211 MCCRORY ST
NORTH PORT, FL 34286 US

New Mailing Address:

FEI Number: 64-0952597

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MEYERS, GLENN E
1211 MCCRORY ST
NORTH PORT, FL 34286 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD
Name: GOIN, JERRY
Address: 16681 ACAPULCO ROAD
City-St-Zip: PUNTA GORDA, FL 33955 US

Title: SD
Name: ROSE, NED
Address: 3724 PEACE RIVER DRIVE
City-St-Zip: PUNTA GORDA, FL 33983 US

Title: TD
Name: MEYERS, GLENN E
Address: 1211 MCCRORY ST
City-St-Zip: NORTH PORT, FL 34286 US

Title: D
Name: WILLAITS, DOUG
Address: 1005 FRANSECA CPURT
City-St-Zip: PUNTA GORDA, FL 33950 US

Title: D
Name: MAUTI, ROBERT
Address: 17349 OHARA DR.
City-St-Zip: PORT CHARLOTTE, FL 33948 US

Title: VD
Name: SAUR, PAUL
Address: 1061 LIVE OAK CIRCLE
City-St-Zip: PORT CHARLOTTE, FL 33948 US

I hereby 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 all other like empowered.

SIGNATURE: GLENN E. MEYERS

TD

01/11/2010

Electronic Signature of Signing Officer or Director

Date