

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 747417

FILED
Jun 22, 2009
Secretary of State

Entity Name: EXPERIMENTAL AIRCRAFT ASSOCIATION, CHAPTER 620, INCORPORATED

Current Principal Place of Business:

10875 S.W. 69 CT.
MIAMI, FL 33156

New Principal Place of Business:

10875 S.W. 69 CT.
PINECREST, FL 33156

Current Mailing Address:

10875 S.W. 69 CT.
MIAMI, FL 33156

New Mailing Address:

10875 S.W. 69 CT.
PINECREST, FL 33156

FEI Number: 65-0144252 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

MOSK, YALE
10875 S.W. 69 CT.
MIAMI, FL 33156 US

Name and Address of New Registered Agent:

MOSK, YALE
10875 S.W. 69 CT.
PINECREST, FL 33156 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: YALE MOSK

06/22/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VPD () Delete
Name: MOSK, YALE
Address: 10875 S.W. 69 COURT
City-St-Zip: MIAMI, FL 33156

Title: PTD () Delete
Name: WAMPOLE, DAVE
Address: 6142 PARADISE POINT
City-St-Zip: MIAMI, FL 33157

Title: D () Delete
Name: SCHECHTER, ROY
Address: 7060 S.W. 82 CT.
City-St-Zip: MIAMI, FL 33143

Title: D () Delete
Name: WAYNE, ROBERT
Address: 1225 S.W. 87 AVE.
City-St-Zip: MIAMI, FL 33174

Title: D () Delete
Name: SMITH, BERT
Address: 15043 S. DIXIE HIGHWAY
City-St-Zip: MIAMI, FL 33176

Title: D () Delete
Name: UNZICKER, LEO
Address: 11012 S.W. 117 ST.
City-St-Zip: MIAMI, FL 33176

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: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: YALE MOSK

VPD

06/22/2009

Electronic Signature of Signing Officer or Director

Date