

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 769706

FILED  
Mar 13, 2008  
Secretary of State

**Entity Name:** EXPERIMENTAL AIRCRAFT ASSOCIATION, SUWANEE COUNTY CHAPTER 797, INC.

**Current Principal Place of Business:**

VERN H. ROBERTS  
SUWANNEE COUNTY AIRPORT  
LIVE OAK, FL 32064 US

**New Principal Place of Business:**

**Current Mailing Address:**

VERN H. ROBERTS  
PO BOX 1385  
LIVE OAK, FL 32064 US

**New Mailing Address:**

**FEI Number:** 59-2327528

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ROBERTS, VERN H  
820 PEARL ST  
LIVE OAK, FL 32060 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 ( ) Delete  
Name: PARKER, JEANNE  
Address: 16346 196TH TER  
City-St-Zip: O'BRIEN, FL 32071

Title: DV ( ) Delete  
Name: GRIFFIN, JIM  
Address: 18991 60TH PLACE A  
City-St-Zip: LIVE OAK, FL 32060

Title: S ( ) Delete  
Name: PHILLIPS, DOROTHY  
Address: 6820 175TH DRIVE  
City-St-Zip: LIVE OAK, FL 32060

Title: T ( ) Delete  
Name: ROBERTS, VERN H  
Address: PO BOX 1385  
City-St-Zip: LIVE OAK, FL 32064

Title: D ( ) Delete  
Name: MILLAR, DON  
Address: 121NW POLK PATH  
City-St-Zip: MAYO, FL 32066

Title: D ( ) Delete  
Name: BROWN, DAVID  
Address: PO BOX 153  
City-St-Zip: O' BRIEN, FL 32071

**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: VERN H ROBERTS

T

03/13/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date