

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 769706

FILED
Apr 06, 2009
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:

ROBERTS, VERN H TREASUR
820 PEARL AVENUE
LIVE OAK, FL 32060 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: VERN H ROBERTS

04/06/2009

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: BROWN, MORRIS
Address: 18230 77TH PLACE
City-St-Zip: MC ALPIN, FL 32062

Title: DV (X) Change () Addition
Name: BROWN, DAVID
Address: PO BOX 153
City-St-Zip: O'BRIEN, FL 32071

Title: S (X) Change () Addition
Name: JIM, BURKHOLDER
Address: 18240 81ST ROAD
City-St-Zip: MC ALPIN, FL 32062

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

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04/06/2009

Electronic Signature of Signing Officer or Director

Date