

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000000325

FILED
Jan 03, 2007
Secretary of State

Entity Name: EXPERIMENTAL AIRCRAFT ASSOCIATION, CHAPTER 193, INC.

Current Principal Place of Business:

4001 PINTO RD
MIDDLEBURG, FL 32068 US

New Principal Place of Business:

Current Mailing Address:

5171 CHARLEMAGNE RD
JACKSONVILLE, FL 32210 US

New Mailing Address:

FEI Number: 59-3699670

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BURBRIDGE, BEN
5171 CHARLEMAGNE RD
JACKSONVILLE, FL 32210 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: DP () Delete
Name: SHIRLEY, MILFORD
Address: 4001 PINTO RD
City-St-Zip: MIDDLEBURG, FL 32068 US

Title: DV () Delete
Name: PHILLIPS, RICHARD
Address: 1196 CROSSWINDS DR
City-St-Zip: GREENCOVE SPRINGS, FL 32043

Title: DT () Delete
Name: DOBBIN, KENNETH
Address: 3731 WESTOVER RD
City-St-Zip: ORANGE PARK, FL 32003

Title: DS () Delete
Name: NEWMAN, JOHN
Address: 3174 RIVER ROAD NORTH
City-St-Zip: GREEN COVE SPRINGS, FL 32043

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:

I hereby certify that the information supplied with this filing does not qualify for the 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: BEN BURBRIDGE

DP

01/03/2007

Electronic Signature of Signing Officer or Director

Date