

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 16, 2004 08:00 AM
Secretary of State

DOCUMENT # N01000000570

1. Entity Name
PARASTARS EAA ULTRALIGHT CHAPTER 113, INC.



Principal Place of Business
**6220 MANATEE AVE W, STE 401
BRADENTON, FL 34209**

Mailing Address
**6220 MANATEE AVE W, STE 401
BRADENTON, FL 34209**



04132004 No Chg-NP CR2E037 (10/03)

4. FEI Number
62-1842166

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**ALFORD, J TERRY
6220 MANATEE AVE W, STE 401
BRADENTON, FL 34209**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reconstituting)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

U00000115668
04/16/04-80033-016 61.25

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
ALFORD, J TERRY
6220 MANATEE AVE W, STE 401
BRADENTON, FL 34209**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
HOCKER, WILLIAM
6820 ARBOR OAKS CIR
BRADENTON, FL 34209**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**STD
KASPAR, GREGORY F
6304 MILLSTONE DR.
NEW PORT RICHEY, FL 34655**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
THOMPSON, JEFF D
3309 KORINA LN
TAMPA, FL 33618**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
KIMBLE, JACK
2836 ALSACE CT
ORLANDO, FL 32813**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
STUBBS, NEAL
929 OAKLAND DR
BRANDON, FL 35110**

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE OR TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GREGORY F. KASPAR

4/13/04

Date

Daytime Phone # _____