## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

N01118 DOCUMENT #
1. Corporation Name

(1)

CHAPTER 813 OF THE EXPERIMENTAL AIRCRAFT ASSOCIA TION, INC.

Principal Place of Business Mailing Address P.O. BOX 420681

P.O. BOX 420681



KISSIMMEE FL	L 34742	KISSIMMEE FL 34742								
						3. Date incorporated or Qualified 01/27/1984	3a. Date of 06/0	Last F <b>)8/19</b>		
2. Principal Pla	ace of Business	2a. Mailing Address 26				4. FEI Number 23-7414859		<b></b>	pplied For lot Applicable	
Suite, Apt. #	≠, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired	_ \$		Additional lequired	
City & State		City & State		,		Election Campaign Financing     Trust Fund Contribution			May Be I to Fees	
Zip <b>24</b>	Country 25	Zip <b>29</b>	30	Country 30			This corporation has liability for intangible tax under s. 199.032,     Florida Statutes			
	Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent					
				81	Name					
CARNEY, JOHN T.										
4059 TERIWOOD AVENUE					Street Ad	dress (P.O. Box Number is Not Acceptable	9)			
			83							
ONDAND	O FL 32806			84	City		B:	E Zin	Code	
				"	City		FL ∣°	ין ביי		
or registers	o the provisions of Sections 617.0502 ed agent, or both, in the State of Floric h, and accept the obligations of, Section	la. Such change was authorize	ed by th	bove-i e com	named corp oration's bo	oration submits this statement for the purp pard of directors. I hereby accept the appoi	ose of changin intment as regis	g its re stered	igistered office agent. I am	
	Signature, typed or printed name of registered agent.				it signature requ	ired when reinstating)	DATE			
12.	OFFICERS AND	DIRECTORS	1	3.		ADDITIONS/CHANGES 10 OFFIC	DERS AND DIR	ECTO	RS IN 12	
TITLE	PD	DELETE	1	1 TITLE			☐ C1	ange	☐ Addition	
NAMÉ	OLSON, ROBERT L		1:	2 NAME						
STREET ADORESS	2625 CANOE CREEK RD		1	3 STREET	ADDRESS					
CITY - ST - ZIP	ST CLOUD FL		1.	4 CITY - S	iT-ZIP					
TITLE	VPD	DELETE		1 TITLE	- <del></del>		☐ Ct	ange	Addition	
NAME	PETERS, LOREN		2	2 NAME						
STREET ADDRESS	2336 OAK LEAF LANE				ADDRESS					
CITY-ST-ZIP	KISSIMMEE FL			4 CITY -					}	
TITLE	SD	[]DELETE		1 TITLE	31-211			ange	Addition	
NAME	TILESTON, THOMAS S.			2 NAME						
STREET ADDRESS	1775 GROVE CT.				ADDRESS					
CITY - ST - ZIP	KISSIMMEE FL				1					
TITLE	T	DELETE		4 CITY- 1 TITLE	51-ZIP		Cr	2008	Addition	
	STEWARD III, GEORGE	L_JDELETE					۰۰ ت	ange	Addition	
NAME	1166 PINEAPPLE WAY			2 NAME					į	
STREET ADDRESS					ADDRESS				1	
CITY-ST-ZIP	KISSIMMEE FL	Elpriere	_	4 CITY-S	IT-ZIP					
TITLE		DELETE		1 TIFLE			□ Cr	ange	☐ Addition	
NAME				2 NAME						
STREET ADDRESS			5	3 STREET	ADDRESS					
CHTY-ST-ZIP			5	4 CITY - S	T-ZIP					
TITLE		□ DELETE	Б	1 TITLE			Cr	ange	☐ Addition	
NAME			6.3	2 NAME						
STREET ADDRESS			6.	3 STREET	ADDRESS					
DITY-ST-ZIP			6	4 CITY - S	ST-ZIP					
	u poetify that the information augustud y	with this files is well-stocky furni		ad doc		for the exemption stated in Castian 110.0	7/00/03 Flandala	D4 - L . L	a 1 fi mela a c	

r oo nereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address

JANUARY 19,1996

1-407-933-8570

CR2E037 (12/95)