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Jan 16 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1997**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **N01118** (1)

1. Corporation Name

**CHAPTER 813 OF THE EXPERIMENTAL AIRCRAFT ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

P.O. BOX 420681  
KISSIMMEE FL 34742

P.O. BOX 420681  
KISSIMMEE FL 34742-0681

3. Date Incorporated or Qualified  
**01/27/1984**

3a. Date of Last Report  
**01/25/1996**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CARNEY, JOHN T.**  
**4059 TERWOOD AVENUE**  
**ORLANDO FL 32806**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☐ DELETE  
NAME **OLSON, ROBERT L**  
STREET ADDRESS **2625 CANOE CREEK RD**  
CITY-ST-ZIP **ST CLOUD FL**

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE **VPD** ☐ DELETE  
NAME **PETERS, LOREN**  
STREET ADDRESS **2336 OAK LEAF LANE**  
CITY-ST-ZIP **KISSIMMEE FL**

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE **SD** ☒ DELETE  
NAME **TILESTON, THOMAS S.**  
STREET ADDRESS **1775 GROVE CT.**  
CITY-ST-ZIP **KISSIMMEE FL**

3.1 TITLE ☒ Change ☐ Addition  
3.2 NAME **WILLIAM A. COLE**  
3.3 STREET ADDRESS **1444 NEPTUNE ROAD**  
3.4 CITY-ST-ZIP **KISSIMMEE, FL 37444**

TITLE **T** ☐ DELETE  
NAME **STEWART III, GEORGE**  
STREET ADDRESS **1166 PINEAPPLE WAY**  
CITY-ST-ZIP **KISSIMMEE FL**

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

SIGNATURE:

*George Stewart III*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**1/8/97**

Daytime Phone

**407-933**  
**8570**

0060655

CR2E037 (9/96)