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CORPORATION
ANNUAL REPORT
1995

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN -2 PM 2:19

DOCUMENT # **N02788** **(0)**

1. Corporation Name

EXPERIMENTAL AIRCRAFT ASSOCIATION LAKE PLACID CH APTER NO. 803, INC.

Principal Place of Business	Mailing Address
105 RICHFIELD DRIVE LAKE PLACID FL 33852	105 RICHFIELD DRIVE LAKE PLACID FL 33852

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/27/1984
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-3060387 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

HOUGHTON, GEORGE L.
105 RICHFIELD DR
LAKE PLACID FL 33852

10. Name and Address of New Registered Agent

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE
Signature, typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	President/Director ☑ Change ☐ Addition
NAME	WHITTAM, FRANK	12 NAME	George L. Houghton
STREET ADDRESS	190 CLIFTON BRYAN RD	13 STREET ADDRESS	105 Richfield Drive
CITY-ST-ZIP	ZOLFO SPRINGS FL	14 CITY-ST-ZIP	Lake Placid, FL 33852
TITLE	TD	21 TITLE	☐ Change ☐ Addition
NAME	GUGINO, RUSS	22 NAME	
STREET ADDRESS	4201 THOMPSON AVE	23 STREET ADDRESS	
CITY-ST-ZIP	SEBRING FL	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	KING, SAM	32 NAME	
STREET ADDRESS	1000 WOODMERE ST	33 STREET ADDRESS	
CITY ST ZIP	AVON PARK FL	34 CITY-ST-ZIP	
TITLE	TD	41 TITLE	☐ Change ☐ Addition
NAME	NOLL, PETE	42 NAME	
STREET ADDRESS	3425 BAXTER	43 STREET ADDRESS	
CITY ST ZIP	SEBRING FL	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	HEIRING, JACK	52 NAME	
STREET ADDRESS	16 LOTELA AVE	53 STREET ADDRESS	
CITY ST ZIP	AVON PARK FL	54 CITY-ST-ZIP	
TITLE	V	61 TITLE	☐ Change ☐ Addition
NAME	ANKROM, BRIAN	62 NAME	
STREET ADDRESS	1512 SUNKIST AVE	63 STREET ADDRESS	
CITY ST ZIP	SEBRING FL	64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: [signature] George L. Houghton 5-30-95 713-465-6996
SIGNATURE AND TYPED OR PRINTED NAME OF DOING OFFICER OR DIRECTOR — Date — Daytime Phone #

0018080