2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000008421

FILED Apr 26, 2005 Secretary of State

Entity Name: HALLER AIRPARK EAA CHAPTER 1379 INCORPORATED

Current Principal Place of Business: New Principal Place of Business:

5335 AIRPARK LOOP W 5254 AIRPARK LOOP W

GREEN COVE SPRINGS, FL 32043 GREEN COVE SPRINGS, FL 32043

Current Mailing Address: New Mailing Address:

5335 AIRPARK LOOP W 5254 AIRPARK LOOP W

GREEN COVE SPRINGS, FL 32043 GREEN COVE SPRINGS, FL 32043

FEI Number: 65-1204496 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MCLEOD, B ALAN
5335 AIRPARK LOOP W
SEELEY, JIMMIE W RA
5254 AIRPARK LOOP W

GREEN COVE SPRINGS, FL 32043 US GREEN COVE SPRINGS, FL 32043 US

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: JIMMIE W. SEELEY 04/26/2005

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

itle: DP () Delete Title: DP (X) Change () Addition

 Name:
 MCLEOD, B ALAN
 Name:
 SEELEY, JIMMIE W

 Address:
 5335 AIRPARK LOOP W
 Address:
 5254 AIRPARK LOOP W

City-St-Zip: GREEN COVE SPRINGS, FL 32043 City-St-Zip: GREEN COVE SPRINGS, FL 32043

Title: DP () Delete Title: DP (X) Change () Addition

 Name:
 SEELEY, JIM
 Name:
 MCLEOD, ALAN B

 Address:
 2538 FOXWOOD RD S
 Address:
 5335 AIRPARK LOOP W

City-St-Zip: ORANGE PARK, FL 32073 City-St-Zip: GREEN COVE SPRINGS, FL 32043

Title: DP () Delete Title: DP (X) Change () Addition

 Name:
 MOODY, EDSEL
 Name:
 WESEMAN, ROBERT E

 Address:
 5256 AIRPARK LOOP W
 Address:
 480 POLK AVE.

City-St-Zip: GREEN COVE SPRINGS, FL 32043 City-St-Zip: ORANGE PARK, FL 32065

Title: DS () Delete Title: () Change () Addition

 Name:
 TAYLOR, TERRY
 Name:

 Address:
 417 OLDFIELD DR
 Address:

 City-St-Zip:
 ORANGE PARK, FL 32003
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: JIMMIE W. SEELEY RA 04/26/2005