2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000008421

FILED Feb 11, 2007 Secretary of State

Entity Name: HALLER AIRPARK EAA CHAPTER 1379 INCORPORATED

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

5254 AIRPARK LOOP W 5323 AIRPARK LOOP W

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

Current Mailing Address: New Mailing Address:

5254 AIRPARK LOOP W P.O.BOX 856

GREEN COVE SPRINGS, FL 32043 GREEN COVE SPRINGS, FL 320430856 US

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:

SEELEY, JIMMIE W RA MCLEOD, ALAN

5254 AIRPARK LOOP W 5335 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: ALAN MCLEOD 02/11/2007

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

 Name:
 SEELEY, JIMMIE W
 Name:
 MCLEOD, ALAN

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

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

Title: DP () Delete Title: DVP (X) Change () Addition Name: MCLEOD, ALAN B Name: LEE, PAT

Address: 5335 AIRPARK LOOP W Address: 219 OAK DR.S
City-St-Zip: GREEN COVE SPRINGS, FL 32043 City-St-Zip: GREEN COVE SPRINGS, FL 32043

Title: DP () Delete Title: DT (X) Change () Addition Name: WESEMAN, ROBERT E Name: WESEMAN, ROBERT E

Address: 480 POLK AVE. Address: 480 POLK AVE.

City-St-Zip: ORANGE PARK, FL 32065 City-St-Zip: ORANGE PARK, FL 32065

Title: DS () Delete Title: DS (X) Change () Addition Name: TAYLOR, TERRY Name: DOLLARHYDE, DAVID

Address: 417 OLDFIELD DR Address: 2808 PACE FERRY RD.S
City-St-Zip: ORANGE PARK, FL 32003 City-St-Zip: ORANGE PARK, FL 32073

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: ALAN MCLEOD PRES 02/11/2007