2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2009
Secretary of State

DOCUMENT# N03000008421

Entity Name: HALLER AIRPARK EAA CHAPTER 1379 INCORPORATED

Current Principal Place of Business:

5323 AIRPARK LOOP W
GREEN COVE SPRINGS, FL 32043

New Principal Place of Business:

Current Mailing Address:

P.O.BOX 856
GREEN COVE SPRINGS, FL 320430856 US

New Mailing Address:

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

Name and Address of Current Registered Agent:

MCLEOD, ALAN
5335 AIRPARK LOOP W
GREEN COVE SPRINGS, FL 32043 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: LEE, PAT
Address: 219 OAK DR S
City-St-Zip: GREEN COVE SPRINGS, FL 32043

Title: DVP ( ) Delete
Name: MCLEOD, ALAN
Address: PO BOX 556
City-St-Zip: GREEN COVE SPRINGS, FL 32043

Title: DT ( ) Delete
Name: WESEMAN, ROBERT E
Address: 480 POLK AVE.
City-St-Zip: ORANGE PARK, FL 32065

Title: DS ( ) Delete
Name: DOLLARHYDE, DAVID
Address: 2808 PACE FERRY RD.S
City-St-Zip: ORANGE PARK, FL 32073

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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 V.P 03/05/2009

Electronic Signature of Signing Officer or Director — Date