


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2006 8:00 am
Secretary of State

02-06-2006 90091 017 ****61.25

DOCUMENT # N16012 1. Entity Name EAA CHAPTER 866, INC.					
Principal Place of Business 476 N. WILLIAMS AVE. TITUSVILLE, FL 32796			Mailing Address P.O. BOX 1033 TITUSVILLE, FL 32780		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		02022006 Chg-NP CR2E037 (11/05)	
4. FEI Number 59-2967998				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RUSSELL, JERRY D 7829 WINDOVER WAY TITUSVILLE, FL 32780			7. Name and Address of New Registered Agent Name <u>GILBERT, LAWRENCE</u> Street Address (P.O. Box Number is Not Acceptable) <u>2002 MALINDA LANE</u> City <u>TITUSVILLE</u> <u>FL</u> Zip Code <u>32796</u>		
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE: <u><i>Lawrence E Gilbert</i></u> DATE: <u>02 03 06</u> <small>Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when resigning)</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD ANDERSON, CHRISTOPHER 5812 DEER TRAIL TITUSVILLE, FL 32780	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WEBB, JAMES 4635 RECTOR RD. COCOA-FL-32926	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GILBERT, LAWRENCE 2002 MALINDA LANE TITUSVILLE, FL 32796	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SAMMIS, DONALD 3155 KNOX MCRAE DR TITUSVILLE-FL-32780	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RUSSELL, JERRY 7829 WINDOVER DRIVE TITUSVILLE, FL 32780	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BIERMAN, LARRY 4570 N. HWY 1 MIMS, FL 32754	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BIERMAN, LARRY 4570 N. HWY 1 MIMS, FL 32754	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CRANSTON, NEALE 2021 MALINDA AVE TITUSVILLE, FL 32796	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CRANSTON, NEALE 2021 MALINDA AVE TITUSVILLE, FL 32796	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CRANSTON, NEALE 2021 MALINDA AVE TITUSVILLE, FL 32796	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CRANSTON, NEALE 2021 MALINDA AVE TITUSVILLE, FL 32796	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CRANSTON, NEALE 2021 MALINDA AVE TITUSVILLE, FL 32796	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u><i>Larry R. Bierman</i></u> <u>LARRY R. BIERMAN</u> <u>2-3-06</u> <u>321-267-6226</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					