2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N16012

FILED Mar 31, 2009 Secretary of State

Entity Name: EAA CHAPTER 866, INC.

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

476 N. WILLIAMS AVE. TITUSVILLE, FL 32796

Current Mailing Address: New Mailing Address:

4570 US HWY 1 MIMS, FL 32754

FEI Number: 59-2967998 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:

GILBERT, LAWRENCE 2002 MALINDA LN TITUSVILLE, FL 32796

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:

Clastera is Circustrus of Devictors of August

Electronic Signature of Registered Agent

US

Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete Title: P (X) Change () Addition Name: HILLMAN, DAN Name: SILVA, ALBERTO

Address: 5128 DORIAN AVE Address: 173 WINDSONG WAY
City-St-Zip: ORLANDO, FL 32812 City-St-Zip: TITUSVILLE, FL 32780

Title: D () Delete Title: () Change () Addition Name: GILBERT, LAWRENCE Name:

 Name:
 GILBERT, LAWRENCE
 Name:

 Address:
 2002 MALINDA LANE
 Address:

 City-St-Zip:
 TITUSVILLE, FL 32796
 City-St-Zip:

Title: V () Delete Title: V (X) Change () Addition Name: SAMMIS, STU Name: CHARVET, BEN

 Address:
 3155 KNOX MCRAE DR
 Address:
 3384 LIONEL RD.

 City-St-Zip:
 TITUSVILLE, FL 32780
 City-St-Zip:
 MIMS, FL 32754

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

 Name:
 BIERMAN, LARRY
 Name:
 BIERMAN, LARRY

 Address:
 4570 US #1
 Address:
 4570 US HIGHWAY 1

 City-St-Zip:
 MIMS, FL 32754
 City-St-Zip:
 MIMS, FL 32754

Title: SD () Delete Title: () Change () Addition

 Name:
 CRANSTON, NEALE
 Name:

 Address:
 2021 MALINDA AVE
 Address:

 City-St-Zip:
 TITUSVILLE, FL 32796
 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: LAWRENCE GILBERT D 03/31/2009