

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2007 8:00 am
Secretary of State

02-12-2007 90110 047 ****61.25

DOCUMENT # N31020

1. Entity Name
**CHAPTER 288 OF THE EXPERIMENTAL AIRCRAFT
ASSOCIATION, INCORPORATED**



Principal Place of Business
**4332 BEACONLIGHT RD.
EDGEWATER, FL 32141 US**

Mailing Address
**4332 BEACONLIGHT RD.
EDGEWATER, FL 32141 US**

40015407



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01182007 Chg-NP CR2E037 (12/06)

4. FEI Number
13-4233180

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**JOHNSON, JACKIE B
4332 BEACON LIGHT RD.
EDGEWATER, FL 32141**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
JOHNSON, JACKIE B
4332 BEACONLIGHT RD.
EDGEWATER, FL 32141** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
PHILIPS, KEITH
2641 SLOW FLIGHT DR
DAYTONA BEACH, FL 32124** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
BURNSIDE, JAN
1823 LINDBERGH LANE
PORT ORANGE, FL 32123** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
LEONE, GEORGE
2045 COUNTRYCLUB DRIVE
PORT ORANGE, FL 32128** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☒ Change ☐ Addition
**STEVEN PLATT
2004 COUNTRY CLUB DRIVE
PORT ORANGE, FL 32128**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-08-07

Date

386-345-3589

Daytime Phone #