

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 29, 2004 8:00 am**  
**Secretary of State**

01-29-2004 90090 027 \*\*\*\*61.25

**DOCUMENT # N45566**

1. Entity Name

EAA CHAPTER 943, INC.



Principal Place of Business

1000 AIRPORT RD  
FERNANDINA BEACH FL 32034

Mailing Address

~~1000 AIRPORT RD~~  
~~FERNANDINA BEACH FL 32034~~

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

96009 CESSNA COURT

Suite, Apt. #, etc.

City & State

YULEE, FLORIDA

Zip

32097

Country

NASSAU



MOORE

CR2E037 (11/03)

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

MCGILL, JOHN G  
1000 AIRPORT RD  
FERNANDINA BEACH FL 32034

7. Name and Address of New Registered Agent

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 reinstalling)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2004**

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 PD  
NAME RUSSEL, RICHARD  
STREET ADDRESS 645 WRIGHT STREET  
CITY-ST-ZIP ST. MARY GA ☐ Delete

TITLE VD  
NAME TRULUCK, DAVID R.  
STREET ADDRESS 308 S 17TH STREET  
CITY-ST-ZIP FERNANDINA BEACH FL ☐ Delete

TITLE ~~STD~~  
NAME ~~REAGAN, JOHN C~~  
STREET ADDRESS ~~2553 LAKE LUCINA DRIVE, EAST~~  
CITY-ST-ZIP ~~JACKSONVILLE FL~~ ☐ Delete

TITLE ~~STD~~  
NAME REAGAN, JOHN C.  
STREET ADDRESS 96009 CESSNA COURT  
CITY-ST-ZIP YULEE, FL 32097 ☐ 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

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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 exemption stated in Section 119.07(3)(i), 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:

*John C. Reagan*

JOHN C. REAGAN

JAN 22, 2004 904 261 9812

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #