

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2008 08:00 A
Secretary of State

DOCUMENT # N46444

1. Entity Name
EXPERIMENTAL AIRCRAFT ASSOCIATION,
INCORPORATED CHAPTER 977



Principal Place of Business

ROBERT W. HOFFMAN
315 S.W. CHALLENGER LN.
LAKE CITY, FL 32025 US

Mailing Address

ROBERT W. HOFFMAN
315 S.W. CHALLENGER LN.
LAKE CITY, FL 32025 US



03172008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3141366

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HOFFMAN, ROBERT W
CANNON CREEK AIRPARK
315 S.W. CHALLENGER LN.
LAKE CITY, FL 32025

**DO NOT WRITE
IN THIS SPACE**

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, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U00000871602
04/10/08-80003-013 61.25

10. OFFICERS AND DIRECTORS

TITLE PD
NAME HOFFMAN, ROBERT W
STREET ADDRESS 315 S.W. CHALLENGER LN.
CITY-ST-ZIP LAKE CITY, FL 32025

TITLE VD
NAME ST. DENIS, ROBERT
STREET ADDRESS 183 SW CAPTAINS GLEN
CITY-ST-ZIP LAKE CITY, FL 32025

TITLE TD
NAME HOFFMAN, DOREN
STREET ADDRESS 315 SW CHALLENGER LANE
CITY-ST-ZIP LAKE CITY, FL 32025

TITLE SD
NAME WHITE, GRAHAM
STREET ADDRESS 441 SW LOCKHEED LANE
CITY-ST-ZIP LAKE CITY, FL 32025

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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

Robert W. Hoffman **ROBERT W. HOFFMAN** 3/20/08 386-365-4662

Date

Daytime Phone