

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N46444

FILED
Apr 12, 2010
Secretary of State

Entity Name: EXPERIMENTAL AIRCRAFT ASSOCIATION, INCORPORATED CHAPTER 977

Current Principal Place of Business:

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

New Principal Place of Business:

JOHN WELLS
207 SW CONFEDERATE GLEN
LAKE CITY, FL 32025 US

Current Mailing Address:

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

New Mailing Address:

JOHN WELLS
207 SW CONFEDERATE GLEN
LAKE CITY, FL 32025 US

FEI Number: 59-3141366

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

WELLS, JOHN
CANNON CREEK AIRPARK
207 SW CONFEDERATE GLEN
LAKE CITY, FL 32025 US

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: JOHN WELLS

04/12/2010

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD
Name: WELLS, JOHN
Address: 207 SW CONFEDERATE GLEN
City-St-Zip: LAKE CITY, FL 32025

Title: VD
Name: WHITE, GRAHAM
Address: 441 SW LOCKHEED LANE
City-St-Zip: LAKE CITY, FL 32025

Title: TD
Name: HOFFMAN, DOREEN
Address: 315 SW CHALLENGER LANE
City-St-Zip: LAKE CITY, FL 32025

Title: SD
Name: WHITE, GRAHAM
Address: 441 SW LOCKHEED LANE
City-St-Zip: LAKE CITY, FL 32025

I hereby 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 all other like empowered.

SIGNATURE: DOREEN HOFFMAN

TD

04/12/2010

Electronic Signature of Signing Officer or Director

Date