2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2008
Secretary of State

DOCUMENT# N93000000544

Entity Name: CHAPTER 108 (CHOCTAW CHAPTER) EXPERIMENTAL AIRCRAFT ASSOCIATION, INC.

Current Principal Place of Business:

705 MATHIS LANE
FORT WALTON BEACH, FL 32547 US

New Principal Place of Business:

Current Mailing Address:

705 MATHIS LANE
FORT WALTON BEACH, FL 32547 US

New Mailing Address:

FEI Number: 59-2001634 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MORRISON, PATRICIA A
705 MATHIS LANE
FORT WALTON BEACH, FL 32547 US

Name and Address of New Registered Agent:

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: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: CARRIERE, JAMES
Address: 2567 HIDDEN ESTATES CIRCLE
City-St-Zip: NAVARRE, FL 32506 US

Title: VD ( ) Delete
Name: COSTABILE, GREG
Address: 114 NORTHERN PINE
City-St-Zip: FORT WALTON BEACH, FL 32547 US

Title: SD ( ) Delete
Name: COLEMAN, BOB
Address: 7156 EAST GATE ROAD
City-St-Zip: MILTON, FL 32570 US

Title: TD ( ) Delete
Name: MORRISON, PATRICIA
Address: 705 MATHIS LANE
City-St-Zip: FORT WALTON BEACH, FL 32547 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
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: PATRICIA MORRISON TD 01/18/2008
Electronic Signature of Signing Officer or Director — Date