

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000000544

FILED  
Apr 23, 2009  
Secretary of State

**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: PD (X) Change ( ) Addition  
Name: BEAN, GARY  
Address: 201 DOMINICA CIRCLE  
City-St-Zip: NICEVILLE, FL 32578 US

Title: VD (X) Change ( ) Addition  
Name: CARNES, FRED  
Address: 28 PEBBLE BEACH DRIVE  
City-St-Zip: SHALIMAR, FL 32579 US

Title: SD (X) Change ( ) Addition  
Name: HAYNES, ARNOLD  
Address: P O BOX 1624  
City-St-Zip: FORT WALTON BEACH, FL 32549 US

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 A. MORRISON

TD

04/23/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date