

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 30, 2004 8:00 am
Secretary of State

07-30-2004 90004 004 ****61.25

DOCUMENT # N94000002689					
1. Entity Name EAA CHAPTER 1067, INC.					
Principal Place of Business 160 AVIATION DRIVE NAPLES, FL 34104			Mailing Address 160 AVIATION DRIVE NAPLES, FL 34104		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 65-0541825			Applied For ☐ Not Applicable		
5. Certificate of Status Desired ☐			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent AMATO, LOUIS X ESQ. 350 5TH AVE. SOUTH, SUITE 200 NAPLES, FL 34102			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 reinstating) DATE					
Filing Fee is \$61.25 Due by September 8, 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HUTCHISON, DAVE PO BOX 9641 NAPLES, FL 34101	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MULLEN, DOUG 421 13 ST. NW NAPLES, FL 34120	☒ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MULLER, DOUG 421 13 ST. N.W. NAPLES, FL 34120	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD FETZER, GEORGE 125 MADISON DR. NAPLES, FL 34110	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CONNOR, JOHN T 163 CARICA RD. NAPLES, FL 34108	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD FETZER, XENIA 125 MADISON DR. NAPLES, FL 34110	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S JOHNSON, PAUL 541 104TH AVE. NAPLES, FL 34608	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LAMB, MICHAEL S. 1280 17TH ST. SW NAPLES, FL 34117	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	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: <u>Michael S. Lamb</u> MICHAEL S. LAMB 07-21-04 239-682-0057 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					