

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 28, 1999 8:00 am
Secretary of State

04-28-1999 90040 028 ****61.25

0074792

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000000736

1. Corporation Name
EAA CHAPTER 1102 OF OKEECHOBEE, INC.

Principal Place of Business
19715 N.W. 80TH DRIVE
OKEECHOBEE FL 34972

Mailing Address
19715 N.W. 80TH DRIVE
OKEECHOBEE FL 34972



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	19455 NW 80TH DR	26	19455 NW 80TH DR.	02/14/1995	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		65-0647590	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	
23 OKEECHOBEE, FL		28 OKEECHOBEE, FL		\$8.75 Additional Fee Required	
Zip Country		Zip Country		6. Election Campaign Financing <input type="checkbox"/>	
24 34972 25 OKEECHOBEE		29 34972 30 OKEECHOBEE		\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
BRUGMAN, LOUIS 19715 N.W. 80TH DRIVE OKEECHOBEE FL 34972				81 Name DON MCGREGOR			
				82 Street Address (P.O. Box Number is Not Acceptable) 19455 NW 80TH DR.			
				83			
				84 City OKEECHOBEE			
				85 Zip Code FL 34972			

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: *[Signature]* DATE: 4/25/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	1.1 TITLE	DP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRUGMAN, LOUIS	1.2 NAME	GEORGE WILLIAMS
STREET ADDRESS	19715 N.W. 80TH DR.	1.3 STREET ADDRESS	19535 N.W. 80TH DR
CITY-ST-ZIP	OKEECHOBEE FL 34972	1.4 CITY-ST-ZIP	OKEECHOBEE, FL 34972
TITLE	DV <input type="checkbox"/> DELETE	2.1 TITLE	DV <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTIN, GEORGE M	2.2 NAME	JAN BUSSELL
STREET ADDRESS	19385 N.W. 80TH DRIVE	2.3 STREET ADDRESS	19975 NW 80TH DR.
CITY-ST-ZIP	OKEECHOBEE FL 34972	2.4 CITY-ST-ZIP	OKEECHOBEE, FL 34972
TITLE	DST <input type="checkbox"/> DELETE	3.1 TITLE	DS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POTTS, JOHN R	3.2 NAME	PEGGY HALL
STREET ADDRESS	19915 N.W. 80TH DRIVE	3.3 STREET ADDRESS	19815 NW 80TH DR.
CITY-ST-ZIP	OKEECHOBEE FL 34972	3.4 CITY-ST-ZIP	OKEECHOBEE, FL 34972
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	DT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	DON MCGREGOR
STREET ADDRESS		4.3 STREET ADDRESS	19455 NW 80TH DR.
CITY-ST-ZIP		4.4 CITY-ST-ZIP	OKEECHOBEE, FL 34972
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* SIGNATURE RECEIVED: DON MCGREGOR DATE: 4/25/99 DAYTIME PHONE #: 941-467-5946

CRZE037 (11/98)