


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2004 08:00 AM
Secretary of State

DOCUMENT # N97000002131 1. Entity Name EAA CHAPTER 98 INC.	
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Principal Place of Business 12691 N.E. 131ST PLACE ARCHER, FL 32618 US	Mailing Address 12691 N.E. 131ST PLACE ARCHER, FL 32618 US
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DO NOT WRITE IN THIS SPACE



01202004 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-3441465	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent HINTENLANG, DAVID E PH.D. 12691 N.E. 131ST PLACE ARCHER, FL 32618
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000021008 01/29/04-80091-009 61.25
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HINTENLANG, DAVID E PH.D. 12691 N.E. 131ST PLACE ARCHER, FL 32618
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD HANNA, KEVIN 3124 S W 154TH STREET ARCHER, FL 32618
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T POWELL, SCOTT 3712 SW 19TH STREET GAINESVILLE, FL 326083416
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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>David E. Hintenlang</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	1/29/04 352-392-1401 Date Daytime Phone #
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