

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 20, 2006 08:00 AM
Secretary of State

DOCUMENT # N97000002131

1. Entity Name
EAA CHAPTER 98 INC.



Principal Place of Business
**12691 N.E. 131ST PLACE
ARCHER, FL 32618 US**

Mailing Address
**12691 N.E. 131ST PLACE
ARCHER, FL 32618 US**



04182006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3441465

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

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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IN THIS SPACE**

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 May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	HINTENLANG, DAVID E PH.D.
STREET ADDRESS	12691 N.E. 131ST PLACE
CITY-ST-ZIP	ARCHER, FL 32618
TITLE	VPD
NAME	HANNA, KEVIN
STREET ADDRESS	3124 S W 154TH STREET
CITY-ST-ZIP	ARCHER, FL 32618
TITLE	T
NAME	WHITLEY, WILLIAM
STREET ADDRESS	294 SW CR18
CITY-ST-ZIP	HIGH SPRINGS, FL 32643
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/02/06-80110-008 61.25

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: David E. Hintenlang **David E. Hintenlang** 4/17/06 352-392-1401
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #