

ANNUAL REPORT

FILED
Jan 14, 2004 8:00 am
Secretary of State

01-14-2004 90004 028 ****61.25

DOCUMENT # N97000002355					
1. Entity Name EAA CHAPTER 1181 INC.					
Principal Place of Business P.O. BOX 1975 ZEPHYRHILLS, FL 33539 US			Mailing Address P.O. BOX 1975 ZEPHYRHILLS, FL 33539 US		
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 59-3448953	
5. Certificate of Status Desired ☐				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
ELLIS, WILLIAM 5632 FRONTIER DR ZEPHYRHILLS, FL 33540				Name <u>Jane Oparowski</u> Street Address (P.O. Box Number is Not Acceptable) <u>6617 Foxmoor DR</u> City <u>Zephyrhills</u> FL Zip Code <u>33542</u>	
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 <u>Jane Oparowski</u> <u>Jane Oparowski</u> 1-12-04 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, 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	PD	☒ Delete	TITLE	PD	☒ Change ☐ Addition
NAME	ELLIS, WILLIAM		NAME	Jane Oparowski	
STREET ADDRESS	5632 FRONTIER DR		STREET ADDRESS	P.O. Box 1975	
CITY-ST-ZIP	ZEPHYRHILLS, FL 33540		CITY-ST-ZIP	Zephyrhills, FL 33539	
TITLE	VPD	☒ Delete	TITLE	VPD	☒ Change ☐ Addition
NAME	LARK, EDWARD		NAME	Daniel DeBeer	
STREET ADDRESS	9218 SUNFLOWER DRIVE		STREET ADDRESS	5331 23rd St	
CITY-ST-ZIP	TAMPA, FL 33647		CITY-ST-ZIP	Zephyrhills, FL 33542	
TITLE	OPAR	☒ Delete	TITLE	TD	☒ Change ☐ Addition
NAME	OWSKISON, JANE		NAME	Susan Lark	
STREET ADDRESS	P.O. BOX 1975		STREET ADDRESS	9218 Sunflower Dr	
CITY-ST-ZIP	ZEPHYRHILLS, FL 33540		CITY-ST-ZIP	Tampa, FL 33647	
TITLE	SD	☒ Delete	TITLE	SD	☒ Change ☐ Addition
NAME	OPAROWSKI, JANE		NAME	Rita DeBeer	
STREET ADDRESS	P.O. BOX 1975		STREET ADDRESS	5331 23rd St	
CITY-ST-ZIP	ZEPHYRHILLS, FL 33539		CITY-ST-ZIP	Zephyrhills, FL	
TITLE		☐ Delete	TITLE	D	☐ Change ☒ Addition
NAME			NAME	William Oparowski	
STREET ADDRESS			STREET ADDRESS	P.O. Box 1975	
CITY-ST-ZIP			CITY-ST-ZIP	Zephyrhills, FL 33539	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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>Jane Oparowski</u> <u>JANE OPAROWSKI</u> 1-12-04 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					