

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 21, 2007 8:00 am**  
**Secretary of State**

03-21-2007 90042 004 \*\*\*\*70.00

|                                                |                                                                                   |
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| <b>DOCUMENT # N97000002355</b>                 |  |
| 1. Entity Name<br><b>EAA CHAPTER 1181 INC.</b> |                                                                                   |

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| Principal Place of Business<br><b>40411 JERRY DR F<br/>ZEPHYRHILLS FL 33540<br/>US</b> | Mailing Address<br><b>P.O. BOX 1975<br/>ZEPHYRHILLS FL 33539<br/>US</b> |
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| 2. Principal Place of Business - No P.O. Box #<br><b>Zephyrhills Airport</b><br>Suite, Apt. #, etc. | 3. Mailing Address<br><b>12420 Oak Street</b><br>Suite, Apt. #, etc. |
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1st MOORE CR2E037 (10/06)

|                                        |                                        |
|----------------------------------------|----------------------------------------|
| City & State<br><b>Zephyrhills, FL</b> | City & State<br><b>San Antonio, FL</b> |
| Zip<br><b>33539</b>                    | Zip<br><b>33576</b>                    |
| Country<br><b>U.S.A.</b>               | Country<br><b>U.S.A.</b>               |

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| 4. FEI Number<br><b>59-3448953</b>                                                                         | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |                                                        |

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| 6. Name and Address of Current Registered Agent<br><b>WAGNER, CHUCK<br/>40411 JERRY RD<br/>ZEPHYRHILLS FL 33540</b> |  |
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| 7. Name and Address of New Registered Agent<br>Name <b>Eric Stallworth</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>12420 Oak Street</b><br>City <b>San Antonio</b> FL Zip Code <b>33576</b> |  |
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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.<br><br>SIGNATURE <u><i>Eric C. Stallworth</i></u> <b>Eric C. Stallworth</b> 3-1-07<br><small>Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE |  |
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| <b>FILE NOW: FEE IS \$61.25<br/>Due By May 1, 2007</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> | <b>Make Check Payable to<br/>Florida Department of State</b> |
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| 10. OFFICERS AND DIRECTORS                     |                                                                                                            |
|------------------------------------------------|------------------------------------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>WAGNER, CHARLES<br>40411 JERRY RD<br>ZEPHYRHILLS FL 33540 <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VPD<br>STALLWORTH, ERIC<br>12420 OAK ST<br>SAN ANTONIO FL 33576 <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | TD<br>MURPHY, SCOTT<br>1138 SIERRA ANES BLVD<br>LUTZ FL 33558 <input type="checkbox"/> Delete              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | SD<br>WAGNER, JUDITH<br>40411 JERRY RD<br>ZEPHYRHILLS FL 33540 <input checked="" type="checkbox"/> Delete  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>OPAROWSKI, WILLIAM<br>P. O. BOX 1975<br>ZEPHYRHILLS FL 33539 <input type="checkbox"/> Delete          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                            |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |                                                                                                                                                  |
|-------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | PD<br>Eric Stallworth<br>12420 Oak St.<br>San Antonio, FL 33576 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | VPD<br>Frank Clementi<br>28616 Tupper Rd<br>Wesley Chapel, FL 33544 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | SD<br>Dana Mollar<br>4349 Birdseye Blvd<br>Lutz, FL 33559 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition           |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                |

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| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 authority to be empowered.<br><br>SIGNATURE: <u><i>Eric C. Stallworth</i></u> <b>Eric C. Stallworth</b> 3/1/07 588-0681<br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> |  |
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