FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N98000001199

EAA INTERNATIONAL AEROBATIC CLUB CHAPTER 108. IN

Principal Place of Business 1651 SAND KEY ESTATES, APT 41

2. Principal Place of Business

Suite Ant # etc

CLEARWATER FL 33767-2933

21 1651 SAND KRY EST CT

Mailing Address

2a. Mailing Address

1651 SAND KEY ESTATES. APT 41 CLEARWATER FL 33767-2933

26 1651 SAND REVEST CT

FILED Mar 22, 1999 8:00 am Secretary of State

03-22-1999 90100 007 ****61.25



Applied For

3. Date Incorporated or Qualifed

03/02/1998

4. FEI Number

	.,		[- 1						Not	Applicable -
22		27 City &							\$8.75 A	
City & Stat	e	28 Zily &	State				5. Certifcate of Status Desired		Fee Rec	
Zip	Country	Zip	— ·			·	Election Campaign Financing Trust Fund Contribution		\$5.00 r Added to	•
24 25 29 30					10. Name and Address of New Registered Agent					1 663
	9. Name and Address of Current	Kegisterea A	igent		81	Name	IV. Maille and Address of New I	tegiatorea .	-Bailt	
					١.,	Name			_	
PHILLIPS, R. PATRICK					82	Street Addres	ss (P.O. Box Number is Not Accepta	able)		
200 N THORNTON AVE					-				·	
ORLANDO FL 32801-2164					83					}
					84	City		FI	85 Zip C	ode
					L_L			<u>FĻ</u>		
11. Pursuant	to the provisions of Sections 617.0502 registered agent, or both, in the State of	and 617,1508 Florida, Suci	B. Florida Statute	s, the al	bove. I hv t	-named corpor he comoration	ration submits this statement for the a's board of directors. I hereby accer	purpose of ot the appoir	changing its r itment as req	egistered istered
agent. I a	im familiar with, and accept the obligation	ons of, Section	n 617.0503, Flor	ida Stati	ites.			• • •		
SIGNATURE							<u> </u>			
	Signature, typed or printed name of registered agent a				Agent	signature required v	ADDITIONS/CHANGES TO OF	DATE EICERS AN	D DIRECTOR	2S IN 12
12.	OFFICERS AND	DIRECTORS	DELETE	13.	n E		ADDITIONS/CHANGES TO OF	I ICENS AN	[] Change	Addition
TITLE					1.1 TITLE				L] Ontingo	
NAME	MOREHOUSE, R. CURTIS			1.2 N						ļ
STREET ADDRESS	1001 0,010 112, 20111120, 101	41				ADDRESS				
CITY-ST-ZIP	CLEARWATER FL 33767-2933		C Science		TY-ST	-ZIP				Addition
TITLE) DELETE				2.1 TITLE		•		[] Change	[_] Addition
NAME	TAYLOR, JAMES			2.2 N	ME			•		
STREET ADDRESS	4391 CASS ST			2.3 \$7	REET	ADDRESS	· ·			
CITY-ST-ZIP	WEBSTER MN 55088			_	TY-ST	-ZIP	<u> </u>		Change	☐ Addition
TITLE	D DELETE			3.1 TF					Change	☐ Addition
NAME	BEACH, DEBORAHA'			3.2 NA	ME					
STREET ADDRESS	1001 0100 1121 20111120,121	41		3.3 \$1	REET.	ADDRESS				
CITY-ST-ZIP	CLEARWATER FL 33767-2933	·		_	TY-ST	-ZIP			C7.01	C Addition
TITLE	· ·		☐ DELETE	4.1 TI					Change	☐ Addition
NAME				4. 2 N		1				,
STREET ADDRESS				4.3 \$1	REET	ADDRESS				
CITY-ST-ZIP					TY-ST	-ZIP			C7.05	C Addition
TITLE	1		☐ DELETE	5.1 TI					Change	☐ Addition i
NAME				5.2 N						
STREET ADDRESS				1		ADDRESS				ļ
CITY-ST-ZIP					TY-ST	-ZIP			F3.01	
TITLE			☐ DELETE	6.1 TT					Change	Addition
NAME				6.2 N/	WE					
STREET ADDRESS				6.3 \$1	REET	ADDRESS				
CITY-ST-ZIP					TY-ST					
14. I hereby	certify that the information supplied with	this filing do	es not qualify for	the exe	motic	on stated in Se	ection 119.07(3)(i), Florida Statutes.	I further cer	tify that the in	formation

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: R. CONTON ANY OF SIGNATURE DISCONSTRUCTION OF SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

727-595-2864 Daytime Phone #