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Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90009 040 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N98000003546			
1. Corporation Name PEACE RIVER CHAPTER 1226 EXPERIMENTAL AIRCRAFT ASSOCIATION, INC.			
Principal Place of Business ARCADIA MUNICIPAL AIRPORT ARCADIA FL 34266		Mailing Address THOMAS R. O'HANLON PO BOX 296 FORT OGDEN FL 34267	



2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified 06/15/1998 4. FEI Number 283-24-6288 Applied For <input checked="" type="checkbox"/> Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees Trust Fund Contribution <input type="checkbox"/>	
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9. Name and Address of Current Registered Agent O'HANLON, THOMAS R 9403 SW PICKENS AVE ARCADIA FL 34266				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reissuing)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	President - Director	<input type="checkbox"/> DELETE		1.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	Thomas R. O'Hanlon			1.2 NAME			
STREET ADDRESS	9403 S.W. Pickens Ave			1.3 STREET ADDRESS			
CITY-ST-ZIP	Fort Ogden FL 34267			1.4 CITY-ST-ZIP			
TITLE	Vice President - Director	<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	Richard Buckall			2.2 NAME			
STREET ADDRESS	13662 Daysdale Ave			2.3 STREET ADDRESS			
CITY-ST-ZIP	Port Charlotte FL 33981			2.4 CITY-ST-ZIP			
TITLE	Sec. Treasurer - Director	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	Ella Dee O'Hanlon			3.2 NAME			
STREET ADDRESS	9403 S.W. Pickens Ave			3.3 STREET ADDRESS			
CITY-ST-ZIP	Fort Ogden FL 34267			3.4 CITY-ST-ZIP			
TITLE	Young Eagles Co-Ord	<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	Ron Ford			4.2 NAME			
STREET ADDRESS	274 Anita St			4.3 STREET ADDRESS			
CITY-ST-ZIP	Arcadia FL 34266			4.4 CITY-ST-ZIP			
TITLE	TECH-Advisor	<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	William Pittman			5.2 NAME			
STREET ADDRESS	15734 Hancock Rd			5.3 STREET ADDRESS			
CITY-ST-ZIP	SARASOTA FL 34240			5.4 CITY-ST-ZIP			
TITLE	Young Eagles Director	<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	Bob Symanski			6.2 NAME			
STREET ADDRESS	925 Wavercrest Ln			6.3 STREET ADDRESS			
CITY-ST-ZIP	Englewood FL 34223-2885			6.4 CITY-ST-ZIP			

14. 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 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Thomas R. O'Hanlon 3/18/99
 Date Daytime Phone #

941-993-1750

CR2E037 (1/98)