

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

**FILED**  
**Jan 27, 2006 8:00 am**  
**Secretary of State**

01-27-2006 90036 031 \*\*\*\*61.25

**DOCUMENT # N98000005842**

1. Entity Name  
**MIDDLE KEYS EXPERIMENTAL AIRCRAFT ASSOCIATION, EAA CHAPTER 1241, INCORPORATED**



Principal Place of Business  
**9400 OVERSEAS HWY  
 MARATHON, FL 33050**

Mailing Address  
**P O BOX 3167  
 MARATHON SHORES, FL 33052**



2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

01112006 Chg-NP CR2E037 (11/05)

City & State

4. FEI Number  
**65-0890898**

Applied For  
 Not Applicable

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent

**MILLER, ROBERT K  
 2975 OVERSEAS HWY  
 MARATHON, FL**

7. Name and Address of New Registered Agent

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25  
 Due by May 1, 2006**

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

TITLE	P	<input type="checkbox"/> Delete
NAME	MAHONEY, DANIEL	
STREET ADDRESS	PO BOX 510148	
CITY-ST-ZIP	KEY COLONY BEACH, FL 33051	
TITLE	T	<input type="checkbox"/> Delete
NAME	TOTTEN, LARRY	
STREET ADDRESS	PO BOX 510148	
CITY-ST-ZIP	KEY COLONY BEACH, FL 33051	
TITLE	D	<input type="checkbox"/> Delete
NAME	WALDORF, EDWARD	
STREET ADDRESS	661 28TH ST	
CITY-ST-ZIP	MARATHON, FL 33050	
TITLE	D	<input type="checkbox"/> Delete
NAME	QUIRCH, LOU	
STREET ADDRESS	164 SIOUX ST	
CITY-ST-ZIP	PLANTATION KEY, FL 33070	
TITLE	D	<input type="checkbox"/> Delete
NAME	METCALF, GERALD	
STREET ADDRESS	22862 LOOKDOWN	
CITY-ST-ZIP	CUDJOE KEY, FL 33042	
TITLE	D	<input type="checkbox"/> Delete
NAME	PROBALL, EARL	
STREET ADDRESS	PO BOX 510766	
CITY-ST-ZIP	KEY COLONY BEACH, FL 33051	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PAT JANDA	
STREET ADDRESS	320 30TH ST.	
CITY-ST-ZIP	MARATHON, FL 33050	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	AVERY LOUCKS	
STREET ADDRESS	1029 96TH ST.	
CITY-ST-ZIP	MARATHON, FL 33050	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: Larry Totten LARRY TOTEN 1/25/06 (305) 743-2916  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #