2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 11, 2006 8:00 am
Secretary of State
07-11-2006 90022 001 ****61.25

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1. Entity Name
EAA CHAPTER 1285, INC.

Principal Place of Business	Mailing Address
4668 CENTERGATE BOULEVARD SARASOTA, FL 34233-3809	4668 CENTERGATE BOULEVARD SARASOTA, FL 34233-3809

06132006 Chg-NP CR2E037 (4/06)

2. Principal Place of Business	3. Mailing Address
Venice Municipal Airport	P.O. Box 843
Suite, Apt. #, etc. 150 Airport Avenue East	Suite, Apt. #, etc.
City & State Venice FL	City & State Venice FL
Zip 34285 Country U.S.A.	Zip 34284 Country U.S.A.

4. FEI Number
65-0969432
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
~~PITTENGER, RICHARD D~~ ~~4668 CENTERGATE BOULEVARD~~ ~~SARASOTA, FL 34233-3809~~	Name: Charles H. Harrison Street Address (P.O. Box Number is Not Acceptable): 8400 Vamo Road Unit 1243 City: Sarasota FL Zip Code: 34231

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: Charles H. Harrison Secy-Treas 7/1/2006
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 September 6, 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PITTENGER, RICHARD D ~~4668 CENTERGATE BLVD.~~ 4192 Dunmore Dr. ~~SARASOTA, FL 34233~~ Lake Wales, FL 33859	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Pittenger, Richard D 4192 Dunmore Drive Lake Wales FL 33859	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~DVP~~ P METZ, LOWELL S 891 MOHAWK DR. VENICE, FL 34293	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Pres Director Lowell S. Metz 891 Mohawk Drive Venice FL 34293	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~DP~~ VP GAYNOR, WENDY 909 CHAPIN BLVD. ENGLEWOOD, FL 34223	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Vice Pres Gaynor, Wendy 909 Chapin Blvd. Englewood FL 34233	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DST HARRISON, CHARLES H 5760 MIDNIGHT PASS RD. SARASOTA, FL 34242	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: Charles H. Harrison Secy-Treas 7/1/2006 941-966-8567
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #