

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 709357

FILED
Apr 26, 2016
Secretary of State
CC6876823850

Entity Name: EXPERIMENTAL AIRCRAFT ASSOCIATION, INC. CHAPTER 74

Current Principal Place of Business:

3614 E. AMELIA ST
ORLANDO, FL 32803

Current Mailing Address:

3614 E. AMELIA ST
ORLANDO, FL 32803 US

FEI Number: 90-0637543

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CARVETH, THOMAS A
5 WEST SPRUCE STREET
ORLANDO, FL 32804 US

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.

SIGNATURE: THOMAS A. CARVETH

04/26/2016

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT, DIRECTOR
Name WALTERS-PHILLIPS, BARBARA
Address 450 MALLARD CIRCLE
City-State-Zip: WINTER PARK FL 32789

Title VP, SECRETARY, DIRECTOR
Name HOFFBERG, ALAN
Address P.O. BOX 917750
City-State-Zip: LONGWOOD FL 32791

Title TREASURER, DIRECTOR
Name CARVETH, THOMAS A.
Address 5 WEST SPRUCE ST
City-State-Zip: ORLANDO FL 32804

Title DIRECTOR
Name DEXTER, RON
Address 3417 LEWIS CT
City-State-Zip: ORLANDO FL 32805

Title DIRECTOR
Name HEINLEIN, ROBERT
Address 1542 SHADOWMOSS CIRCLE
City-State-Zip: LAKE MARY FL 32746

Title DIRECTOR
Name MACINTIRE, ALAN
Address 5114 MORTIER AVE
City-State-Zip: BELLE ISLE FL 32812

Title DIRECTOR
Name SCHNUR, AL
Address 347 COBLE DRIVE
City-State-Zip: LONGWOOD FL 32779

Title DIRECTOR
Name VOGELPOHL, GREG
Address 935 PLATO AVE
City-State-Zip: ORLANDO FL 32809

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I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: BARBARA WALTERS-PHILLIPS

PRESIDENT

04/26/2016

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name WHITE, ROBERT
Address 618 E. KALEY ST
City-State-Zip: ORLANDO FL 32806