

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 17, 2003 8:00 am**  
**Secretary of State**

02-17-2003 90236 008 \*\*\*\*61.25

**DOCUMENT # 747513**

1. Entity Name  
**E.A.A. 635, OF DELAND, FLORIDA, INC.**



Principal Place of Business  
**C/O BOB LEE AIRPORT.CR 15A  
P. O. BOX 843  
DELAND FL 32721-7843**

Mailing Address  
**WILLIAM G. RACE  
20 LAZY EIGHT DR.  
DAYTONA BEACH FL 32124-6716  
US**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address  
**Roy R. BROWNING**

Suite, Apt. #, etc.

Suite, Apt. #, etc.  
**407 SOFT SHADOW LANE**

City & State

City & State  
**DEBARY, FL.**

4. FEI Number **59-2589636**

Applied For  
Not Applicable

Zip

Country

Zip  
**32713**

Country  
**USA**

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

6. Name and Address of Current Registered Agent

**RACE, WILLIAM G.  
20 LAZY EIGHT DR.  
C.R. 15A, P.O. BOX 843  
DAYTONA BEACH FL 32128-6716**

7. Name and Address of New Registered Agent

Name **Roy R. BROWNING**

Street Address (P.O. Box Number is Not Acceptable)

**407 SOFT SHADOW LANE**

City **DEBARY**

FL

Zip Code  
**32713**

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 **Roy R. BROWNING, TREASURER**

**Roy R. Browning**

**02/10/03**

**FILE NOW: FEE IS \$61.25**

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	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>VICKERS, VAN</b>	
STREET ADDRESS	<b>20 SACKETT RD</b>	
CITY-ST-ZIP	<b>DEBARY FL 32713</b>	
TITLE	<b>ECT</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>CORNWELL, O H</b>	
STREET ADDRESS	<b>907 E RICH AVE</b>	
CITY-ST-ZIP	<b>DELAND FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>WACNER, OTTO</b>	
STREET ADDRESS	<b>2205 E. DALE CIR.</b>	
CITY-ST-ZIP	<b>DELAND FL 32720-8603</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> Delete
NAME	<b>MOSELEY, BEAR</b>	
STREET ADDRESS	<b>392 CADDIE DR.</b>	
CITY-ST-ZIP	<b>DEBARY FL 32713-4513</b>	
TITLE	<b>T</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>RACE, WILLIAM G.</b>	
STREET ADDRESS	<b>20 LAZY EIGHT DR.</b>	
CITY-ST-ZIP	<b>DAYTONA BEACH FL</b>	
TITLE	<b>V</b>	<input type="checkbox"/> Delete
NAME	<b>BROWN, CALVIN</b>	
STREET ADDRESS	<b>2678 WILMHURST RD</b>	
CITY-ST-ZIP	<b>DELAND FL 32720-1469</b>	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>T</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Roy R. BROWNING</b>	
STREET ADDRESS	<b>407 SOFT SHADOW LANE</b>	
CITY-ST-ZIP	<b>DEBARY, FL. 32713</b>	
TITLE	<b>SECRETARY</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>ROY ENSMINGER</b>	
STREET ADDRESS	<b>2709 FOXTAIL COURT</b>	
CITY-ST-ZIP	<b>DELAND, FL. 32724</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>TOM ROBINSON</b>	
STREET ADDRESS	<b>P O Box 740022</b>	
CITY-ST-ZIP	<b>ORANGE CITY, FL. 32774</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>D</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DON FRANKENBERY</b>	
STREET ADDRESS	<b>4605 S. TOMOKA JR</b>	
CITY-ST-ZIP	<b>DELEON SPRINGS, FL. 32130</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>MIKE TAND</b>	
STREET ADDRESS	<b>651 E. TALL PINE TERRACE</b>	
CITY-ST-ZIP	<b>DELAND, FL. 32724</b>	

CR2E037 (10/02)

12. 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 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: **Roy R. Browning** **02/10/03** **386-668-7258**