

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 747513

FILED  
Feb 07, 2012  
Secretary of State

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

**Current Principal Place of Business:**

1725 OLD NDB HWY  
DELAND, FL 32721

**New Principal Place of Business:**

**Current Mailing Address:**

1725 OLD NDB HWY  
DELAND, FL 32721

**New Mailing Address:**

**FEI Number:** 59-2589636

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WHEELER, JOHN W TREASUR  
215 CITATION AVE  
DELTONA, FL 32738 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: ENSMINGER, ROY  
Address: 2709 FOX TAIL CT  
City-St-Zip: DELAND, FL 32724

Title: T  
Name: WHEELER, JOHN W  
Address: 215 CITATION AVE  
City-St-Zip: DELTONA, FL 32738

Title: DIR  
Name: PIROLLO, ANTHONY  
Address: 2625 VAUGHN AVE  
City-St-Zip: DELTONA, FL 32725

Title: DIR  
Name: WEEMS, HERBRT  
Address: 1010 TENTH ST  
City-St-Zip: HOY HILL, FL 32117

Title: DIR  
Name: ROBINSON, TOM  
Address: P.O. BOX 740022  
City-St-Zip: ORANGE CITY, FL 32774

Title: VP  
Name: MALSBURY, JOHN  
Address: 705 SO. BEACH STREET APT 105  
City-St-Zip: DAYTONA BEACH, FL 32114

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: JOHN WHEELER

TREA

02/07/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date