

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 747513 (0)**

1. Corporation Name

**E.A.A. 635, OF DELAND, FLORIDA, INC.**



Principal Place of Business

Mailing Address

C/O BOB LEE AIRPORT, CR 15A  
P. O. BOX 843  
DELAND FL 32721-7843

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

3. Date Incorporated or Qualified  
**06/05/1979**

3a. Date of Last Report  
**01/27/1995**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

**59-2589636**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution

☐

**\$5.00 May Be  
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RACE, WILLIAM G.  
20 LAZY EIGHT DR.  
C.R. 15A, P.O. BOX 843  
DAYTONA BEACH FL 32124

81 Name

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

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **P** ☐ DELETE  
NAME **CORNWELL, O H "BERT"**  
STREET ADDRESS **907 E. RICH AVE.**  
CITY-ST-ZIP **DELAND FL**

TITLE **VP** ☐ DELETE  
NAME **BROWN, CALVIN**  
STREET ADDRESS **2678 WILMHURST RD.**  
CITY-ST-ZIP **DELAND FL**

TITLE **S** ☐ DELETE  
NAME **JAMIESON, CHARLES M.**  
STREET ADDRESS **506 HOGLE**  
CITY-ST-ZIP **DELAND FL**

TITLE **D** ☐ DELETE  
NAME **VON BERNEWITZ, B.F.**  
STREET ADDRESS **718 RIVERSIDE DR.**  
CITY-ST-ZIP **ORMOND BCH. FL**

TITLE **T** ☐ DELETE  
NAME **RACE, WILLIAM G.**  
STREET ADDRESS **20 LAZY EIGHT DR.**  
CITY-ST-ZIP **DAYTONA BEACH FL**

TITLE **D** ☐ DELETE  
NAME **MEEKER, FRED**  
STREET ADDRESS **2620 EGRET VLG.**  
CITY-ST-ZIP **DELAND FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *William G. Race* **WILLIAM G. RACE** 1-16-96 904-788-0074  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)