

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 747513

Entity Name: E.A.A. 635, OF DELAND, FLORIDA, INC.**Current Principal Place of Business:**1579 NDB RD
DELAND, FL 32721**Current Mailing Address:**1579 NDB ROAD
DELAND, FL 32721 US**FEI Number:** 59-2589636**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**WHEELER, JOHN WTREASUR
215 CITATION AVE
DELTONA, FL 32738 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	P
Name	LANGDALE, TOM
Address	2658 DEEP CREEK AVE
City-State-Zip:	DELTONA FL 32725

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

Title	DIR
Name	MUSGROVE, JIM
Address	54 AZELEA DR
City-State-Zip:	DEBARY FL 32713

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

Title	DIR
Name	BREWER, JAMES
Address	2640 PLEASANT VILLAGE
City-State-Zip:	DELAND FL 32720

Title	VP
Name	WEEMS, HERB
Address	1010 TENTH STREET
City-State-Zip:	HOLLY HILL FL 32117

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**TREASURER****01/31/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date