DOCUMENT# 747513

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

### **Current Principal Place of Business:**

1579 OLD NDB RD DELAND, FL 32724

## **Current Mailing Address:**

1579 OLD NDB ROAD DELAND, FL 32724 US

### FEI Number: 59-2589636

# Name and Address of Current Registered Agent:

THRELKELD, GORDON TREASURER 885 FATIO ROAD DELAND, FL 32720 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	E: GORDON THRELKELD			04/18/2022
	Electronic Signature of Registered Agent			Date
Officer/Dire	ctor Detail :			
Title	PRESIDENT	Title	DIRECTOR	
Name	DAWSON, GREGORY	Name	ROBINSON, THOMAS	
Address	4 BASS LAKE DRIVE	Address	1171 FIRST STREET	
City-State-Zip:	DEBARY FL 32713	City-State-Zip:	ORANGE CITY FL 32763	
Title	DIRECTOR	Title	VP	
Name	BREIDINGER, PAT	Name	EASTLAKE, CHUCK	
Address	230 PINE BLUFF AVE	Address	6808 RUTTERS RD	
City-State-Zip:	DELAND FL 32724	City-State-Zip:	PORT ORANGE FL 32127	
Title	SECRETARY	Title	TREASURER	
Name	VICKERS, VAN	Name	THRELKELD, GORDON	
Address	411 WALNUT ST. #11428	Address	885 FATIO ROAD	
City-State-Zip:	GREEN COVE SPRING FL 32043	City-State-Zip:	DELAND FL 32720	
Title	DIRECTOR	Title	DIRECTOR	
Name	FITZSIMMONS, JON	Name	SCHRIER, ROBERT	
Address	2000 MARSH RD	Address	3143 PINE RUN TRAIL	
City-State-Zip:	DELAND FL 32724	City-State-Zip:	DELAND FL 32724	
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### Continues on page 2

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: GORDON THRELKELD

TREASURER

04/18/2022

Electronic Signature of Signing Officer/Director Detail

FILED Apr 18, 2022 Secretary of State 6780791825CC

Certificate of Status Desired: No

### **Officer/Director Detail Continued :**

Title	DIRECTOR
Name	SIERENS, STEVE
Address	12013 ELBERT STREET
City-State-Zip:	CLERMONT FL 34711