

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 30, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # N16012 1. Entity Name EAA CHAPTER 866, INC.	
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Principal Place of Business 2021 MALINDA LANE TITUSVILLE, FL 32796	Mailing Address 2021 MALINDA LANE TITUSVILLE, FL 32796
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04272004 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-2967998	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CRANSTON, NEALE R.  
 2021 MALINDA LANE  
 TITUSVILLE, FL 32796

**DO NOT WRITE IN THIS SPACE**

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: *Neale R. Cranston* 28 April, 2004  
Signature, typed or printed name of registered agent and (file if applicable). (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25**  
**Due by May 1, 2004**

9. Election Campaign Financing  
 Trust Fund Contribution.  \$5.00 May Be Added to Fees

U00000142990  
 04/30/04-80074-009 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BULLINGTON, WAYNE 1626 LEMA DRIVE TITUSVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GILBERT, LAWRENCE 2002 MALINDA LANE TITUSVILLE, FL 32780
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P REYNOLDS, LAWRENCE 398 OAK LOVE ROAD TITUSVILLE, FL 32780
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FURNHOLM, WILLIAM 3460 DOVE COURT TITUSVILLE, FL 32780
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THOMAS, RAYMOND 4967 RIVEREDGE DR TITUSVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD CRANSTON, NEALE 2021 MALINDA AVE TITUSVILLE, FL

**DO NOT WRITE IN THIS SPACE**

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: *Neale R. Cranston* 28 April, 2004  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #