
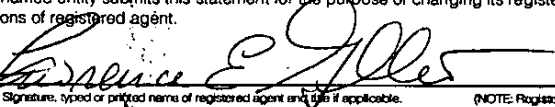



2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2006 8:00 am
Secretary of State

02-06-2006 90091 017 ****61.25

DOCUMENT # N16012					
1. Entity Name EAA CHAPTER 866, INC.					
Principal Place of Business 476 N. WILLIAMS AVE. TITUSVILLE, FL 32796			Mailing Address P.O. BOX 1033 TITUSVILLE, FL 32780		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
RUSSELL, JERRY D 7829 WINDOVER WAY TITUSVILLE, FL 32780				Name GILBERT, LAWRENCE	
				Street Address (P.O. Box Number is Not Acceptable) 2002 MALINDA LANE	
				City TITUSVILLE FL Zip Code 32796	
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: 				DATE: 02 03 06	
Filing Fee is \$61.25 Due by May 1, 2006				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	VPD	<input checked="" type="checkbox"/> Delete	TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ANDERSON, CHRISTOPHER		NAME	WEBB, JAMES	
STREET ADDRESS	5812 DEER TRAIL		STREET ADDRESS	4635 RECTOR RD.	
CITY-ST-ZIP	TITUSVILLE, FL 32780		CITY-ST-ZIP	COCOA-FL-32926	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GILBERT, LAWRENCE		NAME		
STREET ADDRESS	2002 MALINDA LANE		STREET ADDRESS		
CITY-ST-ZIP	TITUSVILLE, FL 32796		CITY-ST-ZIP		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RUSSELL, JERRY		NAME	SAMMIS, DONALD	
STREET ADDRESS	7829 WINDOVER DRIVE		STREET ADDRESS	3155 KNOX MCRAE DR	
CITY-ST-ZIP	TITUSVILLE, FL 32780		CITY-ST-ZIP	TITUSVILLE-FL-32780	
TITLE	TD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BIERMAN, LARRY		NAME		
STREET ADDRESS	4570 N. HWY 1		STREET ADDRESS		
CITY-ST-ZIP	MIMS, FL 32754		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRANSTON, NEALE		NAME		
STREET ADDRESS	2021 MALINDA AVE		STREET ADDRESS		
CITY-ST-ZIP	TITUSVILLE, FL 32796		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 				LARRY R. BIERMAN 2-3-06 321-267-6226	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #	