

**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 # **N16012** (9)

1. Corporation Name  
**EAA CHAPTER 866, INC.**



Principal Place of Business: 2021 MALINDA LANE TITUSVILLE FL 32796  
Mailing Address: 2021 MALINDA LANE TITUSVILLE FL 32796

3. Date Incorporated or Qualified: 07/24/1986  
3a. Date of Last Report: 03/16/1995

21	2. Principal Place of Business	26	2a. Mailing Address	4.	FEI Number 59-2967998	Applied For	Not Applicable
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	5.	Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
23	City & State	28	City & State	6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Zip	25	Country	8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
CRANSTON, NEALE R. 2021 MALINDA LANE TITUSVILLE FL 32796				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PD <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLANEY, RICHARD	1.2 NAME	BULLINGTON WAYNE
STREET ADDRESS	7759 SOUTH US #1	1.3 STREET ADDRESS	1626 LEMA DR.
CITY-ST-ZIP	TITUSVILLE FL	1.4 CITY-ST-ZIP	TITUSVILLE FL
TITLE	TD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VAUGHN, CHARLES	2.2 NAME	TREVOR SAYER
STREET ADDRESS	525 POINSETTA AVE	2.3 STREET ADDRESS	835 26TH AVE.
CITY-ST-ZIP	TITUSVILLE FL	2.4 CITY-ST-ZIP	NEW SMYRNA BEACH
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEDDINGFIELD, SAM	3.2 NAME	
STREET ADDRESS	2748 NOTTINGHAM COURT	3.3 STREET ADDRESS	
CITY-ST-ZIP	TITUSVILLE FL	3.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JONES, GIL	4.2 NAME	
STREET ADDRESS	480 N WILLIAMS AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	TITUSVILLE FL	4.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	5.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GAULDIN, BILL	5.2 NAME	
STREET ADDRESS	PO BOX 6333 N/A	5.3 STREET ADDRESS	
CITY-ST-ZIP	TITUSVILLE FL 32782	5.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	6.1 TITLE	STD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRANSTON, NEALE	6.2 NAME	
STREET ADDRESS	2021 MALINDA AVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	TITUSVILLE FL	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: *Neale R. Cranston* 15 APRIL 1996 1-407-269-0803  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #  
NEALE R. CRANSTON

CR2E037 (12/95)