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May 09 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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 32796-2620

2. Principal Place of Business (21-24)
2a. Mailing Address (25-30)

3. Date Incorporated or Qualified: 07/24/1986
3a. Date of Last Report: 04/24/1996
4. FEI Number: 59-2967998
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
CRANSTON, NEALE R.
2021 MALINDA LANE
TITUSVILLE FL 32796

10. Name and Address of New Registered Agent
B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City
B5 Zip Code

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 _____ DATE _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	BULLINGTON, WAYNE	1.2 NAME	
STREET ADDRESS	1626 LEMA DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	TITUSVILLE FL	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	VD
NAME	TREVOR, SAYER	2.2 NAME	ANDERSON, KIP
STREET ADDRESS	835 26TH AVENUE	2.3 STREET ADDRESS	5812 DEER TRAIL
CITY-ST-ZIP	NEW SMYRNA BEACH FL	2.4 CITY-ST-ZIP	TITUSVILLE, FL 32780
TITLE	D	3.1 TITLE	D
NAME	BEDDINGFIELD, SAM	3.2 NAME	VAUGHN, CHARLES
STREET ADDRESS	2748 NOTTINGHAM COURT	3.3 STREET ADDRESS	525 POINSETTA AVE
CITY-ST-ZIP	TITUSVILLE FL	3.4 CITY-ST-ZIP	TITUSVILLE, FL 32781
TITLE	VD	4.1 TITLE	D
NAME	JONES, GIL	4.2 NAME	SPRINGER, HAROLD
STREET ADDRESS	480 N WILLIAMS AVE	4.3 STREET ADDRESS	4775 LONGBOW DR.
CITY-ST-ZIP	TITUSVILLE FL	4.4 CITY-ST-ZIP	TITUSVILLE, FL 32796
TITLE	D	5.1 TITLE	D
NAME	GAULDIN, BILL	5.2 NAME	THOMAS, RAYMOND
STREET ADDRESS	PO BOX 6333 N/A	5.3 STREET ADDRESS	4967 RIVEREDGE DR.
CITY-ST-ZIP	TITUSVILLE FL	5.4 CITY-ST-ZIP	TITUSVILLE, FL 32780
TITLE	STD	6.1 TITLE	
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 does not qualify for the exemption stated in Section 119.07(3)(i), 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. 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 4/22/97 407-269-0803

P2E037 (9/96)