

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 27 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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3. Date Incorporated or Qualified 07/24/1986	
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. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

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

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE PD	NAME BULLINGTON, WAYNE	<input type="checkbox"/> DELETE
STREET ADDRESS 1626 LEMA DRIVE	CITY-ST-ZIP TITUSVILLE FL	
TITLE VD	NAME ANDERSON, KIP	<input type="checkbox"/> DELETE
STREET ADDRESS 5812 DEER TRAIL	CITY-ST-ZIP TITUSVILLE FL	
TITLE D	NAME VAUGHN, CHARLES	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS 525 POINSETTA AVE	CITY-ST-ZIP TITUSVILLE FL	
TITLE D	NAME SPRINGER, HAROLD	<input type="checkbox"/> DELETE
STREET ADDRESS 4775 LONGBOW DR	CITY-ST-ZIP TITUSVILLE FL	
TITLE D	NAME THOMAS, RAYMOND	<input type="checkbox"/> DELETE
STREET ADDRESS 4967 RIVEREDGE DR	CITY-ST-ZIP TITUSVILLE FL	
TITLE STD	NAME CRANSTON, NEALE	<input type="checkbox"/> DELETE
STREET ADDRESS 2021 MALINDA AVE	CITY-ST-ZIP TITUSVILLE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE VICE-PRESIDENT/DIR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE PRESIDENT/DIR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE DIRECTOR	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME SCHROEDER, ERNEST	
3.3 STREET ADDRESS 642 ORANGE COURT	
3.4 CITY-ST-ZIP ROCKLEDGE, FL 32955	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 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* **NEALE R. CRANSTON 18 MAR '98 407-269-0807**

CR2E037 (10/97)