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03-01-1999 90016 045 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N16012

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



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/24/1986	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-2967998	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country		

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VPD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	PD	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDERSON, KIP	2.2 NAME	D ANDERSON KIP
STREET ADDRESS	5812 DEER TRAIL	2.3 STREET ADDRESS	5812 DEER TRAIL
CITY-ST-ZIP	TITUSVILLE FL	2.4 CITY-ST-ZIP	TITUSVILLE, FL 32780
TITLE	D	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHROEDER, ERNEST	3.2 NAME	P MICHAEL HERRING
STREET ADDRESS	642 ORANGE CT	3.3 STREET ADDRESS	700 BRIGGS AVE
CITY-ST-ZIP	ROCKLEDGE FL 32955	3.4 CITY-ST-ZIP	PORT ST. JOHN, FL 32927
TITLE	D	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPRINGER, HAROLD	4.2 NAME	VP JAMES MORGAN
STREET ADDRESS	4775 LONGBOW DR	4.3 STREET ADDRESS	1188 ARDIN ST.
CITY-ST-ZIP	TITUSVILLE FL	4.4 CITY-ST-ZIP	PORT ST. JOHN, FL 32927
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMAS, RAYMOND	5.2 NAME	
STREET ADDRESS	4967 RIVEREDGE DR	5.3 STREET ADDRESS	
CITY-ST-ZIP	TITUSVILLE FL	5.4 CITY-ST-ZIP	
TITLE	STD	6.1 TITLE	<input 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 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, with all other like empowered.

SIGNATURE: _____ SIGNATURE REQUIRED *Neale Cranston* 27 JAN 1999 407-269-0803
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)