

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2002 8:00 am
Secretary of State

04-10-2002 90022 001 ****61.25

006788

DOCUMENT # N16012

1. Entity Name

EAA CHAPTER 866, INC.

Principal Place of Business

Mailing Address

**2021 MALINDA LANE
 TITUSVILLE FL 32796**

**2021 MALINDA LANE
 TITUSVILLE FL 32796**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2967998

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required.



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CRANSTON, NEALE R.
 2021 MALINDA LANE
 TITUSVILLE FL 32796**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VPD	<input type="checkbox"/> Delete
NAME	BULLINGTON, WAYNE	
STREET ADDRESS	1626 LEMA DRIVE	
CITY-ST-ZIP	TITUSVILLE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	GILBERT, LAWRENCE	
STREET ADDRESS	2002 MALINDA LANE	
CITY-ST-ZIP	TITUSVILLE FL 32780	
TITLE	P	<input type="checkbox"/> Delete
NAME	PANGBORN, STEVEN	
STREET ADDRESS	4625 JAMES ROAD	
CITY-ST-ZIP	COCOA FL 32927	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	BETTS, COLLEEN	
STREET ADDRESS	4801 DOREEN ROAD	
CITY-ST-ZIP	PORT ST JOHN FL 32927	
TITLE	D	<input type="checkbox"/> Delete
NAME	THOMAS, RAYMOND	
STREET ADDRESS	4967 RIVEREDGE DR	
CITY-ST-ZIP	TITUSVILLE FL	
TITLE	STD	<input type="checkbox"/> Delete
NAME	CRANSTON, NEALE	
STREET ADDRESS	2021 MALINDA AVE	
CITY-ST-ZIP	TITUSVILLE FL	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	William Furnholm	
STREET ADDRESS	3460 DOVE COURT	
CITY-ST-ZIP	Titusville, FL 32780	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 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:

SIGNATURE REQUIRED NEALE R. CRANSTON

321-269-0803

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)