

# NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

03 DEC -9 AM 8:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Entity Name

N45566

EAA CHARTER 943, INC.



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

1000 AIRPORT ROAD

3. Mailing Address

96009 CESSNA COURT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

FERNANDWA BEACH, FLA.

City & State

YULEE, FLA

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip

32034

Country

NASSAU

Zip

32097

Country

NASSAU

5. Certificate of Status Desired

**\$8.75** Additional  
Fee Required

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

JOHN G. MCGILL

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

1000 AIRPORT ROAD

City

FERNANDWA BEACH

FL

Zip Code

32034

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*John G. McGill*

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

(NOTE: Registered Agent signature required when reinstating)

Dec. 8, 2003

DATE

**FEE IS \$61.25**

Initial or Amended UBR

9. Election Campaign Financing  
Trust Fund Contribution.

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	RUSSEL, RICHARD
STREET ADDRESS	645 WRIGHT STREET
CITY-ST-ZIP	ST. MARYS, GA
TITLE	VD
NAME	TRULUCK, DAVID R.
STREET ADDRESS	308 S. 17TH STREET
CITY-ST-ZIP	FERNANDWA BEACH, FLA.
TITLE	STD
NAME	REAGAN, JOHN C.
STREET ADDRESS	96009 CESSNA COURT
CITY-ST-ZIP	YULEE, FLA 32097
TITLE	
NAME	
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CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

*John Reagan*

12/02/03

904 261 9812

CR2E037B (12/02)