


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2005 08:00 AM
Secretary of State

DOCUMENT # N45566
 1. Entity Name
EAA CHAPTER 943, INC.



Principal Place of Business
**1000 AIRPORT RD
 FERNANDINA BEACH, FL 32034**

Mailing Address
**96009 CESSNA COURT
 YULEE, FL 32097**

DO NOT WRITE IN THIS SPACE



01122005 No Chg-NP CR2E037 (10/03)

4. FEI Number
NOT APPLICABLE Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**MCGILL, JOHN G
 1000 AIRPORT RD
 FERNANDINA BEACH, FL 32034**

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

**Filing Fee is \$61.25
 Due by May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RUSSEL, RICHARD 645 WRIGHT STREET ST. MARY, GA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD TRULUCK, DAVID R. 308 S 17TH STREET FERNANDINA BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD REAGAN, JOHN C 96009 CESSNA COURT YULEE, FL 32097
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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: *John C Reagan* **01/15/05 904 261 9812**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #