

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N45566** (9)

1. Corporation Name
EAA CHAPTER 943, INC.



Principal Place of Business: 1000 AIRPORT RD, FERNANDINA BEACH FL 32034
Mailing Address: 1000 AIRPORT RD, FERNANDINA BEACH FL 32034

3. Date Incorporated or Qualified: 10/10/1991
3a. Date of Last Report: 01/30/1995

2. Principal Place of Business (21-23) and Mailing Address (2a-26) details including Suite, Apt. #, etc., City & State, Zip, and Country.

4. FEI Number: NOT APPLICABLE
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
DANIEL I. MCCRANIE, P.A.
26 S 5TH ST
FERNANDINA BEACH FL 32034

10. Name and Address of New Registered Agent (81-84) and Zip Code (85): FL

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: _____ (NOTE: Registered Agent signature required when re-stating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	LEWIS, WILLIAM A.	
STREET ADDRESS	3114 BIG PINE DRIVE	
CITY-ST-ZIP	FERNANDINA BEACH FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	RUSSEL, RICHARD	
STREET ADDRESS	645 WRIGHT STREET	
CITY-ST-ZIP	ST. MARY GA	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	REAGAN, JOHN C	
STREET ADDRESS	2353 LAKE LUCINA DRIVE, EAST	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	RUSSEL, RICHARD	
13 STREET ADDRESS	645 WRIGHT STREET	
14 CITY-ST-ZIP	ST MARY, GA. 31558	
21 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	TRULUCK, DAVID R.	
23 STREET ADDRESS	308 S. 17th STREET	
24 CITY-ST-ZIP	FERNANDINA BEACH, FL. 32043	
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *John C. Reagan* 2/1/96 904 858-6900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: JOHN C. REAGAN Date: Daytime Phone #

CR2E037 (12/95)