FILED

01-15-2003 90269 001 ****61.25

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **N45566**

1. Entity Name

EAA CHAPTER 943, INC.



EAR OTHER ELL SHO, INC.							
1000 AIRPORT RD 100		Mailing Address 1000 AIRPORT RD FERNANDINA BEACH FL (32034				
				FACERIAL CE	Siaan dubi diria diria diri dibi	AL Bed er Alder Bed er	
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES		
City & St	tate	City & State			NOT APPLICABLE		Applied For
Zip	Country	Zip	Country	5. Certificate of	Status Desired		Vot Applicable
	6. Name and Address of Current F	Registered Agent				Fee Requir	
		Togistorou Agent	Name	/ Name and Ad	dress of New Registere	d Agent	
DANIE	L I. MCCRANIE, P.A.		Street Add	Street Address (PO Box Number is Allet Assessed by			
26 S 5	INDINA BEACH FL 32034		- Oli del Add	Street Address (P.O. Box Number is Not Acceptable)			
FERIVA	INDINA BEACH FL 32034						
T. C.			City			Zip Co	de
,8. The abov	ve named entity submits this statement for	the purpose of changing its	registered office or re	egistered agent, or both, in	the State of Florida La	m familiar with	and secont
the obliga	ations of registered agent.		-	g	, ind diate of , londa. Ta	iii idiiiiidi Willi	i, and accept
CICALATUDE	(*						
SIGNATURE	்த Signature, typed or printed name of registered agent an	nd title if applicable. (NOTF	: Registered Agent signature	required when rejectation)			
	4 · ·			required what remarking)	DATE	·	
· 議	FILE NOW: FEE IS \$61.25		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 DIRE	CTORS	11.	ADDITIONS/CHANG	L SES TO OFFICERS AND I	DIRECTORS I	V 10
TITLE NAME	PD RUSSEL, RICHARD	☐ Delete	TITLE			☐ Change	Addition
STREET ADDRESS			NAME STREET ADORSOS				
CITY-ST-ZIP	ST. MARY GA		STREET ADDRESS CITY-ST-ZIP				
TITLE	VD	. Delete	TITLE				
NAME	TRULUCK, DAVID R.		NAME			☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP		one with a second	STREET ADDRESS	د در بایک میداد میداد در است کار کنید و			
	FERNANDINA BEACH FL	·	CITY-ST-ZIP				
TITLE NAME	REAGAN, JOHN C	☐ Delete	TITLE			☐ Change	☐ Addition
STREET ADDRESS	2353 LAKE LUCINA DRIVE, EAST		NAME STREET ADDRESS				ĺ
CITY-ST-ZIP	JACKSONVILLE FL		CITY-ST-ZIP				ļ
TITLE		☐ Delete	TITLE			Change	☐ Addition
NAME			NAME			LJ Gliange	- Addition
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS				Ì
TITLE		<u> </u>	CITY-ST-ZIP				
NAME		Delete	TITLE NAME			Change	☐ Addition
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP	-			
TITLE		☐ Delete	TITLE			☐ Change	Addition
NAME STREET ADDRESS			NAME			onenge	Addition
CITY-ST-ZIP		•	STREET ADDRESS				1
	1		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 this empowered.

SIGNATURE:

SIGNATURE AND TYPEFOR PRINTED NAME OF SIGNATURE AND TYPEFOR PRINTED NAME OF SIGNATURE OF SIGNATU

E0/10/21

904 261 9812