

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # N94000002689 (7)

1. Corporation Name

EAA CHAPTER 1067, INC.



Principal Place of Business

Mailing Address

350 5TH AVE. SOUTH, SUITE 200
NAPLES FL 33940

350 5TH AVE. SOUTH, SUITE 200
NAPLES FL 33940

3. Date Incorporated or Qualified
05/31/1994

3a. Date of Last Report
03/17/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

29 Zip

30 Country

4. FEI Number
65-0541825

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$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

10. Name and Address of New Registered Agent

AMATO, LOUIS X ESQ.
350 5TH AVE. SOUTH, SUITE 200
NAPLES FL 33940

81 Name

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

83

84 City

FL

85 Zip Code

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

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

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	MCDANIEL, DENNIS	
STREET ADDRESS	3512 CALOOSA ST	
CITY-ST-ZIP	NAPLES FL 33962	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	QUIGLEY, JIM	
STREET ADDRESS	186 NORTH ST	
CITY-ST-ZIP	NAPLES FL 33963	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	AMATO, LOUIS X.	(SAME)
STREET ADDRESS	350 5TH AVE SOUTH	
CITY-ST-ZIP	NAPLES FL 33940	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	FOSTER, DAVE	
STREET ADDRESS	110 19TH ST NW	
CITY-ST-ZIP	NAPLES FL 33964	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	JANSEN, JENS	
1.3 STREET ADDRESS	1055 LASTRADA LN.	
1.4 CITY-ST-ZIP	NAPLES, FL. 33940	
2.1 TITLE	VPD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	FOSTER, DAVID	
2.3 STREET ADDRESS	110 19TH ST. N.W.	
2.4 CITY-ST-ZIP	NAPLES, FL. 33964	
3.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	MOHRBACHER, DALE	
3.3 STREET ADDRESS	4025 SKYWAY DR.	
3.4 CITY-ST-ZIP	NAPLES, FL. 33962	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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: Dale Mohrbacher - TREAS.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/96 (144) 793-5511

Date

Daytime Phone #

CR2E037 (12/95)