


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 08:00 AM
Secretary of State

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| DOCUMENT # N97000002131 1. Entity Name EAA CHAPTER 98 INC. |  |
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| Principal Place of Business 12691 N.E. 131ST PLACE ARCHER, FL 32618 US | Mailing Address 12691 N.E. 131ST PLACE ARCHER, FL 32618 US |
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04272007 No Chg-NP CR2E037 (4/06)

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| 4. FEI Number 59-3441465 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

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| 6. Name and Address of Current Registered Agent HINTENLANG, DAVID E PH.D. 12691 N.E. 131ST PLACE ARCHER, FL 32618 |
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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 _____
Signature, typed or printed name of registered agent and title if applicable

Filing Fee is \$61.25
Due by May 1, 2007

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| 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD HINTENLANG, DAVID E PH.D. 12691 N.E. 131ST PLACE ARCHER, FL 32618 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPD HANNA, KEVIN 3124 S W 154TH STREET ARCHER, FL 32618 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T WHITLEY, WILLIAM 294 SW CR18 HIGH SPRINGS, FL 32643 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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 05/16/07-80079-002 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: David E. Hintenlang David E. Hintenlang 4/28/07 352-392-8112
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #