

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jul 09, 1999 8:00 am
Secretary of State

07-09-1999 90019 017 ****61.25

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Corporation Name
EAA CHAPTER 1181 INC.

Principal Place of Business
8705 ASHWORTH DR
TAMPA FL 33647-2269

Mailing Address
8705 ASHWORTH DR
TAMPA FL 33647-2269

585441-90019-17



2. Principal Place of Business 1 39520 Aviation Ave Suite, Apt. #, etc.		2a. Mailing Address 26 39520 Aviation Ave Suite, Apt. #, etc.		3. Date Incorporated or Qualified 04/28/1997	
27		27		4. FEI Number 59-3448953 Applied For Not Applicable	
3. City & State Zephyrhills FL		3. City & State Zephyrhills FL		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
4. Zip Country 33540 25 USA		4. Zip Country 33540 30 USA		6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	

TEICHMAN, BETTY H
8705 ASHWORTH DR
TAMPA FL 33647-2269

10. Name and Address of New Registered Agent
81 Name Teichman Betty H.
82 Street Address (P.O. Box Number is Not Acceptable)
39520 Aviation Ave
83
84 City Zephyrhills FL 85 Zip Code 33540

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 B. Teichman 6/30/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD
NAME	TEICHMAN, BEBE	1.2 NAME	Teichman Bebe
STREET ADDRESS	8705 ASHWORTH DR	1.3 STREET ADDRESS	39520 Aviation Ave
CITY-ST-ZIP	TAMPA FL 33647	1.4 CITY-ST-ZIP	Zephyrhills FL 33540
TITLE	VPD	2.1 TITLE	
NAME	WERME, JIM	2.2 NAME	
STREET ADDRESS	P.O. BOX 508	2.3 STREET ADDRESS	
CITY-ST-ZIP	TRILBY FL 33593	2.4 CITY-ST-ZIP	
TITLE	TD	3.1 TITLE	TD
NAME	TEICHMAN, DAVID	3.2 NAME	Teichman David
STREET ADDRESS	8705 ASHWORTH DR	3.3 STREET ADDRESS	39520 Aviation Ave
CITY-ST-ZIP	TAMPA FL 33647	3.4 CITY-ST-ZIP	Zephyrhills FL 33540
TITLE	SD	4.1 TITLE	SD
NAME	GERMAN, BRUCE	4.2 NAME	Rita DeBaer
STREET ADDRESS	5254 SADDLEBROOK WAY	4.3 STREET ADDRESS	P.O. BOX 1714
CITY-ST-ZIP	WESLEY CHAPEL FL 33543	4.4 CITY-ST-ZIP	Zephyrhills FL 33539
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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, with all other like empowered.

SIGNATURE: B. Teichman 6/30/99 813 783-3361
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (5/99)