

DOCUMENT # N97000002355

1. Entity Name
EAA CHAPTER 1181 INC.

Principal Place of Business Mailing Address
39520 AVIATION AVE 39520 AVIATION AVE
ZEPHYRHILLS FL 33540 ZEPHYRHILLS FL 33540
US US

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.
City & State City & State
Zip Country Zip Country

FILED
Jan 16, 2001 8:00 am
Secretary of State
01-16-2001 90042 048 ****61.25



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3448953** Applied For
Not Applicable
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
TEICHMAN, BETTY H
39520 AVIATION AVE
ZEPHYRHILLS FL 33540

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW:
FEE IS \$61.25
9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**
Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TEICHMAN, BEBE 39520 AVIATION AVE ZEPHYRHILLS FL 33540 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD WERME, JIM P O BOX 508 TRILBY FL 33593 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD TEICHMAN, DAVID 39520 AVIATION AVE ZEPHYRHILLS FL 33540 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DEBERR, RITA PO BOX 1714 ZEPHYRHILLS FL 33539 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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 like empowered.

SIGNATURE: *Betty Teichman* **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)