

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N99000007559

**Entity Name:** EAA CHAPTER 1285, INC.

**Current Principal Place of Business:**

VENICE MUNICIPAL AIRPORT  
150 AIRPORT AVENUE EAST  
VENICE, FL 34285

**Current Mailing Address:**

P O BOX 843  
VENICE, FL 34284

**FEI Number:** 65-0969432

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

HARRISON, CHARLES H  
5760 MIDNIGHT PASS ROAD  
UNIT 710D  
SARASOTA, FL 34242 US

*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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            D, PRESIDENT  
Name            FLOOD, DENNIS  
Address        P O BOX 843  
City-State-Zip: VENICE FL 34284

Title            D  
Name            TEICHMAN, BEBE  
Address        P O BOX 843  
City-State-Zip: VENICE FL 34284

Title            D, VP  
Name            MCBRIDE, JOHN  
Address        P O BOX 843  
City-State-Zip: VENICE FL 34284

Title            DST  
Name            HARRISON, CHARLES H  
Address        5760 MIDNIGHT PASS ROAD  
City-State-Zip: SARASOTA FL 34242

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** CHARLES H, HARRISON

**XECY-TREAS**

**03/18/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date