

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 11, 2006 8:00 am
Secretary of State

07-11-2006 90022 001 ****61.25



DOCUMENT # N99000007559
 1. Entity Name
EAA CHAPTER 1285, INC.

Principal Place of Business
4668 CENTERGATE BOULEVARD
SARASOTA, FL 34233-3809

Mailing Address
4668 CENTERGATE BOULEVARD
SARASOTA, FL 34233-3809

2. Principal Place of Business
Venice Municipal Airport

3. Mailing Address
P.O. Box 843

Suite, Apt. #, etc.
150 Airport Avenue East

Suite, Apt. #, etc.

City & State
Venice FL

City & State
Venice FL

Zip
34285

Country
U.S.A.

Zip
34284

Country
U.S.A.

06132006 Chg-NP CR2E037 (4/06)

4. FEI Number
65-0969432

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**



6. Name and Address of Current Registered Agent

PITTENGER, RICHARD D
4668 CENTERGATE BOULEVARD
SARASOTA, FL 34233-3809

7. Name and Address of New Registered Agent

Name
Charles H. Harrison

Street Address (P.O. Box Number is Not Acceptable)
8400 Vamo Road Unit 1243

City
Sarasota FL Zip Code
34231

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 *Charles H. Harrison* **Charles H. Harrison Secy-Treas** **7/1/2006**

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

Filing Fee is \$61.25
Due by September 6, 2006

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	D <input checked="" type="checkbox"/> Delete
NAME	PITTENGER, RICHARD D
STREET ADDRESS	4668 CENTERGATE BLVD - 4192 Dunmore Dr.
CITY-ST-ZIP	SARASOTA, FL 34233 - Lake Wales, FL 33859
TITLE	DVP P <input checked="" type="checkbox"/> Delete
NAME	METZ, LOWELL S
STREET ADDRESS	891 MOHAWK DR.
CITY-ST-ZIP	VENICE, FL 34293
TITLE	DPVP <input checked="" type="checkbox"/> Delete
NAME	GAYNOR, WENDY
STREET ADDRESS	909 CHAPIN BLVD.
CITY-ST-ZIP	ENGLEWOOD, FL 34223
TITLE	DST <input type="checkbox"/> Delete
NAME	HARRISON, CHARLES H
STREET ADDRESS	5760 MIDNIGHT PASS RD.
CITY-ST-ZIP	SARASOTA, FL 34242
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Pittenger, Richard D
STREET ADDRESS	4192 Dunmore Drive
CITY-ST-ZIP	Lake Wales FL 33859
TITLE	Pres Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Lowell S. Metz
STREET ADDRESS	891 Mohawk Drive
CITY-ST-ZIP	Venice FL 34293
TITLE	Director Vice Pres <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Gaynor, Wendy
STREET ADDRESS	909 Chapin Blvd.
CITY-ST-ZIP	Englewood FL 34233
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 supplementary 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 to this address, with all other information.

SIGNATURE: *Charles H. Harrison* **Charles H. Harrison Secy-Treas** **7/1/2006** **941-966-8567**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #