# FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT
**1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAR 10 PM 8:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 736740 (2)

1. Corporation Name
FLORIDA CHAPTER OF THE 8TH AIR FORCE HISTORICAL SOCIETY, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 2120 WOODCREST DRIVE<br>WINTER PARK FL 32792-5417<br>US | 2120 WOODCREST DRIVE<br>WINTER PARK FL 32792-5417<br>US |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/02/1976
3a. Date of Last Report: 02/08/1994
4. FEI Number: 59-2547168 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 | 26 |
| 22 Suite, Apt. #, etc. | 27 Suite, Apt. #, etc. |
| 23 City & State | 28 City & State |
| 24 Zip / 25 Country | 29 Zip / 30 Country |

9. Name and Address of Current Registered Agent

PETERSON, CLIFFORD L.
2120 WOODCREST DR.
WINTER PARK FL 32792

10. Name and Address of New Registered Agent

31 Name
32 Street Address (P.O. Box Number is Not Acceptable)
33
34 City **FL** 35 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____
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 | ☐ Change ☐ Addition |
| NAME | NOLAN, ROBERT H | 1.2 NAME | |
| STREET ADDRESS | 2676 AUGUSTA DRIVE, NORTH | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | CLEARWATER FL | 1.4 CITY-ST-ZIP | |
| TITLE | VD | 2.1 TITLE | ☐ Change ☐ Addition |
| NAME | LAWSON, GEORGE A. | 2.2 NAME | |
| STREET ADDRESS | 4390 14TH ST. N.E. | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | ST. PETERSBURG FL | 2.4 CITY-ST-ZIP | |
| TITLE | SD | 3.1 TITLE | ☐ Change ☐ Addition |
| NAME | LUBOZYNSKI, FRANK F | 3.2 NAME | |
| STREET ADDRESS | 5100 ST. MARIE AVENUE | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | ORLANDO FL | 3.4 CITY-ST-ZIP | |
| TITLE | TD | 4.1 TITLE | ☐ Change ☐ Addition |
| NAME | ~~SAMPSON, ELWOOD H JR.~~ | 4.2 NAME | SAMSON, ELWOOD H., JR. |
| STREET ADDRESS | 1609 CAMPBELL AVENUE | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | ORLANDO FL | 4.4 CITY-ST-ZIP | |
| TITLE | D | 5.1 TITLE | ☐ Change ☐ Addition |
| NAME | KONSLER, CHARLES E. | 5.2 NAME | |
| STREET ADDRESS | 250 ORANGE AVE. | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | CLERMONT FL | 5.4 CITY-ST-ZIP | |
| TITLE | D | 6.1 TITLE | ☐ Change ☐ Addition |
| NAME | SHEWFELT, RAY L. | 6.2 NAME | |
| STREET ADDRESS | 2769 WILL-O-THE-GREEN | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | WINTER PARK FL | 6.4 CITY-ST-ZIP | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

**SIGNATURE:** Elwood H. Samson Jr. Elwood H. Samson, Jr. 3-3-95 407-859-5828
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

003A97