FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996

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

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 WINTER PARK FL 32792-5417 US	2120 WOODCREST DRIVE WINTER PARK FL 32792-5417 US

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

3. Date Incorporated or Qualified: 09/02/1976
3a. Date of Last Report: 03/10/1995
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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

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

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	11 TITLE		☐ Change ☐ Addition
NAME	NOLAN, ROBERT H		12 NAME		
STREET ADDRESS	2676 AUGUSTA DRIVE, NORTH		13 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL		14 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	21 TITLE		☐ Change ☐ Addition
NAME	LAWSON, GEORGE A.		22 NAME		
STREET ADDRESS	4390 14TH ST. N.E.		23 STREET ADDRESS		
CITY-ST-ZIP	ST. PETERSBURG FL		24 CITY-ST-ZIP		
TITLE	SD	☒ DELETE	31 TITLE	SD	☐ Change ☒ Addition
NAME	LUBOZYNSKI, FRANK F		32 NAME	PERRI, STEVE	
STREET ADDRESS	5100 ST. MARIE AVENUE		33 STREET ADDRESS	16182 KELLY WOODS DRIVE	
CITY-ST-ZIP	ORLANDO FL		34 CITY-ST-ZIP	FORT MYERS, FL 33908	
TITLE	TD	☐ DELETE	41 TITLE		☒ Change ☐ Addition
NAME	~~SAMSON, ELWOOD J JR.~~		42 NAME	SAMSON, ELWOOD, H., JR.	
STREET ADDRESS	1609 CAMPBELL AVENUE		43 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL		44 CITY-ST-ZIP		
TITLE	D	☐ DELETE	51 TITLE		☐ Change ☐ Addition
NAME	KONSLER, CHARLES E.		52 NAME		
STREET ADDRESS	250 ORANGE AVE.		53 STREET ADDRESS		
CITY-ST-ZIP	CLERMONT FL		54 CITY-ST-ZIP		
TITLE	D	☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME	SHEWFELT, RAY L.		62 NAME		
STREET ADDRESS	2769 WILL-O-THE-GREEN		63 STREET ADDRESS		
CITY-ST-ZIP	WINTER PARK FL		64 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)(k), 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. 2-3-96 407-859-5898
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (12/95)