DOCUMENT # 736740

1. Entity Name

FLORIDA CHAPTER OF THE 8TH AIR FORCE HISTORICAL

FILED
Jan 24, 2000 8:00 am
Secretary of State
01-24-2000 90022 044 ****70.00

Principal Place of Business	Mailing Address
1428 GLENEAGLES DRIVE VENICE FL 34292 US	1428 GLENEAGLES DRIVE VENICE FL 34292-4306 US

DO NOT WRITE IN THIS SPACE

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

4. FEI Number 59-2547168 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ROCHE, WILLIAM J 1428 GLENEAGLES DR VENICE FL 34292	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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD NOLAN, ROBERT H 2676 AUGUSTA DRIVE, NORTH CLEARWATER FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD LAWSON, GEORGE A. 4390 14TH ST. N.E. ST. PETERSBURG FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD PERRI, STEVE 16182 KELLY WOODS DRIVE FT MYERS FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD Hardin, M.B. 2374 Port Marnoch Lane Spring Hill, Fl 34606-3511	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T ROCHE, WILLIAM J 1428 GLENEAGLES DRIVE VENICE FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LINDEN, JARL N 901 OLEANDER ST ENGLEWOOD FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP Linden, Jarl N. 801 Oleander St. Englewood, Fl 34223-2436	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GIARRA, NICHOLAS 1269 CYPREE TRACE DR MELBOURNE FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/99)

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: William J. Roche 1/18/2000 941-485-3077
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #