FILED Jul 09, 2002 8:00 am Secretary of State

07-09-2002 90370 050 ****70.00

DOCUMENT # 736740

1. Entity Name

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

Principal Place of Business

Mailing Address

1428 GLENEAGLES DRIVE VENICE FL 34292

1428 GLENEAGLES DRIVE VENICE FL 34292

2. Principal Place of Business Suite, Apt. #, etc.

VENICE FL 34292

Zip

3. Mailing Address Suite, Apt. #, etc.

City & State

City & State

Zip

6. Name and Address of Current Registered Agent' --

4. FEI Number 59-2547168

5. Certificate of Status Desired

Fee Required

7. Name and Address of New Registered Agent

DO NOT WRITE IN THIS SPACE

ROCHE, WILLIAM J 1428 GLENEAGLES DR Name

Street Address (P.O. Box Number is Not Acceptable)

City

Zip Code

Applied For

\$8.75 Additional

Not Applicable

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.

Country

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

Country

(NOTE: Registered Agent signature required when reinstating)

DATE

Make Check Dayable to

min. will be \$236.25.		Trust Fund Contribution.		Added to Fees	Department of State		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10				
TITLE	PD .	☐ Delete	TITLE			☐ Change	Addition
NAME	NOLAN, ROBERT H		NAME				
STREET ADDRESS	2676 AUGUSTA DRIVE, NORTH		STREET ADDRESS				
CITY-ST-ZIP	CLEARWATER FL	r	CITY-ST-ZIP				
TITLE	SD	☐ Delete	TITLE			☐ Change	☐ Addition
NAME	HARDIN, M.B.		NAME				
STREET ADDRESS	2374 PORT MARNOCH LN.		STREET ADDRESS		_		e
CITY-ST-ZIP	SPRING HILL FL 34606	and the second of the second of	City-St-Zip*	Brown Char			
TITLE	VP	Delete	TITLE		- W.D	Change	X Addition
NAME	LINDEN, JARL N		NAME	8801 SW 116	OII DO		
STREET ADDRESS	801 OLEANDER ST		STREET ADDRESS	Miami, FL 3	3176		
CITY-ST-ZIP	ENGLEWOOD FL 34223		CITY-ST-ZIP			-	
TITLE	1	☐ Delete	TITLE			☐ Change	☐ Addition
NAME	ROCHE, WILLIAM J		NAME				
STREET ADDRESS	1428 GLENEAGLES DRIVE		STREET ADDRESS				ļ
CITY-ST-ZIP	VENICE FL		CITY-ST-ZIP				
TITLE	D	☐ Delete	TITLE			Change	☐ Addition
NAME	GIARRA, NICHOLAS		NAME				1
STREET ADDRESS	1269 CYPREE TRACE DR		STREET ADDRESS				
CITY-ST-ZIP	MELBOURNE FL		CITY-ST-ZIP				***************************************
TITLE		☐ Delete	TITLE	•		Change	☐ Addition
NAME	, ,		NAME				
STREET ADDRESS			STREET ADDRESS		· ·		
CITY-ST-7IP			CITY-ST-7IP				

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: