

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 736740

FILED
Feb 03, 2005
Secretary of State

Entity Name: THE ROBERT H. NOLAN FLORIDA CHAPTER EIGHTH AIR FORCE HISTORICAL SOCIETY, INC.

Current Principal Place of Business:

114 MONTEREY WAY
ROYAL PALM BEACH, FL 33411 US

New Principal Place of Business:

Current Mailing Address:

114 MONTEREY WAY
ROYAL PALM BEACH, FL 33411 US

New Mailing Address:

FEI Number: 59-2547168 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

GUINN, JOHN J
942 WALNUT TERRACE
BOCA RATON, FL 33486 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: HART, JAMES C PD
Address: 114 MONTEREY WAY
City-St-Zip: ROYAL PALM BEACH, FL 33411 US

Title: SD () Delete
Name: GUINN, JOHN J SD
Address: 942 WALNUT TERRACE
City-St-Zip: BOCA RATON, FL 33486

Title: VP () Delete
Name: UPHOFF, WILLIAM VP
Address: 825 CENTER ST. #27-A
City-St-Zip: JUPITER, FL 33458

Title: T () Delete
Name: GALUS, CONSTANT T
Address: 2720 SE 4TH STREET
City-St-Zip: POMPANO BEACH,, FL 33062

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES C. HART

PD

02/03/2005

Electronic Signature of Signing Officer or Director

Date