


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 29, 2008 8:00 am
Secretary of State

02-29-2008 90023 015 ****61.25

DOCUMENT # 762295

1. Entity Name
339TH FIGHTER GROUP ASSOCIATION, INC.



Principal Place of Business Mailing Address

**19410 US HWY 41
 LUTZ FL 33548
 US**

**C/O JAMES R. STARNES
 P.O. BOX 251
 LUTZ FL 33548-0251
 US**



2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

1st MOORE CR2E037 (10/07)

4. FEI Number **59-2176422** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**STARNES, JAMES R.
 19410 U. S. HIGHWAY 41
 LUTZ FL 33548**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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
 Due By May 1, 2008**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

**Make Check Payable to
 Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	TD	<input type="checkbox"/> Delete
NAME	THIEME, RICHARD G	
STREET ADDRESS	2732 SOUTH SEVENTH STREET	
CITY-ST-ZIP	SHEBOYGAN WI 53081	
TITLE	SD	<input type="checkbox"/> Delete
NAME	ANANIAN, STEPHEN	
STREET ADDRESS	4 N ORCHARD FARMS AVE	
CITY-ST-ZIP	SIMPSONVILLE SC 29681	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	SAMS, THOMAS G	
STREET ADDRESS	105 BOOT HILL	
CITY-ST-ZIP	HORSESHOE BAY TX 78657	
TITLE	VD	<input type="checkbox"/> Delete
NAME	POWELL, LAWRENCE J	
STREET ADDRESS	17270 DEVONSHIRE ST	
CITY-ST-ZIP	NORTHRIDGE CA 91325	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	POWELL, LAWRENCE J	
STREET ADDRESS	17270 DEVONSHIRE ST.	
CITY-ST-ZIP	NORTH RIDGE, CA 91325	
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MAC CLARENCE, WILLIAM R.	
STREET ADDRESS	625 BRIDGEWAY LANE	
CITY-ST-ZIP	NAPLES, FL 34108	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: *Richard G Thieme* RICHARD G. THIEME 19 FEB 08 920-452-4780