

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 16, 2002 8:00 am
Secretary of State

01-16-2002 90025 031 ****66.25

DOCUMENT # N94000002539

1. Entity Name

THE 388TH BOMB GROUP ASSOCIATION, INC.

Principal Place of Business

Mailing Address

3901 S.E. 9TH COURT
 CAPE CORAL FL 33904-5214
 US

3901 S.E. 9TH COURT
 CAPE CORAL FL 33904-5214
 US

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

65-0560339

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FINKBEINER, CLARENCE E
3901 S.E. 9TH COURT
CAPE CORAL FL 33904-5214

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	D	<input type="checkbox"/> Delete
NAME	CURTIS, LARRY	
STREET ADDRESS	6210 SHAMROCK DR.	
CITY-ST-ZIP	MADISON LAKE MN 56063	
TITLE	2VP	<input type="checkbox"/> Delete
NAME	HENGLER, FRANCIS H	
STREET ADDRESS	10843 SUMMIT STREET	
CITY-ST-ZIP	KANSAS CITY MO 64114	
TITLE	1VP	<input checked="" type="checkbox"/> Delete
NAME	COTTON, JAMES	
STREET ADDRESS	12945 LOWER RIVER RD.	
CITY-ST-ZIP	ORLANDO FL 32825-9026	
TITLE	D	<input type="checkbox"/> Delete
NAME	CARTER, RICHARD N	
STREET ADDRESS	2673 MAYWOOD ST.	
CITY-ST-ZIP	WOODHAVEN MI 48183	
TITLE	P	<input type="checkbox"/> Delete
NAME	BOLINO, AUGUST C	
STREET ADDRESS	8515 SECOND AVE.	
CITY-ST-ZIP	SILVER SPRING MD 20910	
TITLE	T	<input type="checkbox"/> Delete
NAME	FINKBEINER, CLARENCE E	
STREET ADDRESS	3901 SE 9TH CT	
CITY-ST-ZIP	CAPE CORAL FL 33904	

TITLE	2VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CURTIS, LARRY	
STREET ADDRESS	6210 SHAMROCK DR	
CITY-ST-ZIP	MADISON LAKE, MN 56063-9526	
TITLE	1VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TIMBERLAKE, RICHARD	
STREET ADDRESS	220 DEERFIELD ROAD	
CITY-ST-ZIP	DOBART, GA	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COTTON, JAMES	
STREET ADDRESS	12945 LOWER RIVER Rd.	
CITY-ST-ZIP	ORLANDO, FL 32828-9026	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROME, RAY	
STREET ADDRESS	3013 BECKS HILL DRIVE	
CITY-ST-ZIP	LAS VEGAS, NV 89134-7405	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOLINO, AUGUST C.	
STREET ADDRESS	8515 SECOND AVE	
CITY-ST-ZIP	SILVER SPRING, MD 20910	
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 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:

SIGNATURE: CLARENCE E. FINKBEINER
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-5-2002 (941)542-1076

CR2E037 (9/01)