


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 26, 2005 8:00 am
Secretary of State

01-26-2005 90002 022 ****66.25

DOCUMENT # N94000002539

1. Entity Name
THE 388TH BOMB GROUP ASSOCIATION, INC.



Principal Place of Business
**3901 S.E. 9TH COURT
 CAPE CORAL FL 33904-5214
 US**

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

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

3. Mailing Address
 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



1st MOORE CR2E037 (10/04)

6. Name and Address of Current Registered Agent

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

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW: FEE IS \$61.25
 Due By May 1, 2005**

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 NAME STREET ADDRESS CITY-ST-ZIP	P WARD, ROBERT P.O. BOX 6 CANADIAN TX 79014-0006
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TIMBERLAKE, RICHARD 220 DEER FIELD RD BOGART GA 30622
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROMEO, CARMEN 2855 BANYAN BLVD CIRCLE BOCA RATON FL 33431-6326
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1VP DANIELS, WAYNE 18594 JUDE ISLAND CIRCLE EAGLE RIVER AK 99577
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2VP MILLER, DAVID L 3906 OAK DALE DR PEARLAND TX 77581
TITLE NAME STREET ADDRESS CITY-ST-ZIP	FINKBEINER, CLARENCE E 3901 SE 9TH CT CAPE CORAL FL 33904

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition DANIELS, WAYNE 6770 W. HIGHWAY 89A UNIT 148 SEDONA, AZ 86336
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition MILLER, DAVID LEE 3906 OAK DALE DR. PEARLAND, TX 77581-6154
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition COTTON, JAMES 12945 LOWER RIVER BLVD. ORLAND, FL 32828-9026
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition WARD, ROBERT P.O. BOX 6 CANADIAN, TX 79014-0006
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition BEWIS, CLIFF 5429 WESTERN AVE OMAHA, NE 68132-2158

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 information.

SIGNATURE: Clarence E. Finkbeiner 1-18-2005 (239) 542-1076

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #