

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2002 8:00 am
Secretary of State

02-26-2002 90048 034 ****61.25

DOCUMENT # N97000000767

1. Entity Name

THE JOHN WAYNE MEMORIAL, CHAPTER 21 OF THE SPECIAL FORCES ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**685 NEEDLE BOULEVARD
MERRITT ISLAND FL 32953**

**685 NEEDLE BOULEVARD
MERRITT ISLAND FL 32953**

2. Principal Place of Business

3. Mailing Address

1408 Gulfwood Ct

1408 Gulfwood Ct

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Brandon, FL 33510

City & State

Brandon, FL 33510

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**BASS, ROBERT H
685 NEEDLE BOULEVARD
MERRITT ISLAND FL 32953**

Name

Thomas R. Tomlin

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

1408 Gulfwood Court

City

Brandon, FL 33510-4017FL

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

Thomas R. Tomlin

11 Feb. 2002

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 checked="" type="checkbox"/> Delete
NAME	SALZMAN, ROBERT P	
STREET ADDRESS	355 ORION COURT	
CITY-ST-ZIP	MERRITT ISLAND FL 32953	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	FARNUM, ALBERT	
STREET ADDRESS	15050 NOON CT	
CITY-ST-ZIP	SPRING HILL FL 34610	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BASS, ROBERT H	
STREET ADDRESS	685 NEEDLE BOULEVARD	
CITY-ST-ZIP	MERRITT ISLAND FL 32953	
TITLE	D	<input type="checkbox"/> Delete
NAME	TOMLIN, THOMAS R	
STREET ADDRESS	1408 GULFWOOD COURT	
CITY-ST-ZIP	BRANDON FL 33510	
TITLE	D	<input type="checkbox"/> Delete
NAME	SLUSHER, HAROLD E	
STREET ADDRESS	6762 CANDLEWOOD DR	
CITY-ST-ZIP	FORT MYERS FL 33919	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Charles F. Hoagland Jr	
STREET ADDRESS	1712 Ivalea Circle	
CITY-ST-ZIP	Navarre, FL 32566-7323	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Bob G Cherry	
STREET ADDRESS	2315 Walden Place South	
CITY-ST-ZIP	Plant City, FL 33566-5715	
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 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:

Thomas R. Tomlin
THOMAS R. TOMLIN

11 FEB 2002

(813) 689-2451

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)