

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000007080

1. Entity Name

THE AIR FORCE ENLISTED MEN'S WIDOWS AND DEPENDEN

**FILED**  
Feb 07, 2000 8:00 am  
Secretary of State

02-07-2000 90021 033 \*\*\*\*61.25

Principal Place of Business

Mailing Address

92 SUNSET LANE  
SHALIMAR FL 32579

92 SUNSET LANE  
SHALIMAR FL 32579-1000

BCC15118



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

23-7078212

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WEAVER, LOYAL L  
1900 PALMETTO PALM CIR  
NICEVILLE FL 32578

Name BINNICKER, JAMES C.

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

302 SANTA ROSA BLVD., #11

City

FT WALTON BEACH

FL

Zip Code

32548

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.

JAMES C BINNICKER, PCEO

(NOTE: Registered Agent signature required when reinstating)

1 FEBRUARY 2000

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 PD ☒ Delete  
NAME WEAVER, LOYAL L  
STREET ADDRESS 1900 PALMETTO PALM CIRCLE  
CITY-ST-ZIP NICEVILLE FL 32578

TITLE PD ☐ Change ☒ Addition  
NAME BINNICKER, JAMES C  
STREET ADDRESS 302 SANTA ROSA BLVD #11  
CITY-ST-ZIP FT WALTON BEACH FL 32548

TITLE CD ☐ Delete  
NAME JERNIGAN, FINITH E.  
STREET ADDRESS 420 E. PINE AVE.  
CITY-ST-ZIP CRESTVIEW FL 32536

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE STD ☒ Delete  
NAME MAGIER, JOHN  
STREET ADDRESS 133 JUDITH DRIVE  
CITY-ST-ZIP VALPARAISO FL 32580

TITLE STD ☐ Change ☒ Addition  
NAME CASKEY, LARRY W  
STREET ADDRESS 1200 JAMES LEE BLVD E  
CITY-ST-ZIP CRESTVIEW FL 32539

TITLE ASD ☒ Delete  
NAME CASKEY, LARRY W.  
STREET ADDRESS 1200 JAMES LEE BLVD. E.  
CITY-ST-ZIP CRESTVIEW FL 32539

TITLE ☐ Change ☒ Addition  
NAME BAILEY, ROBERT W  
STREET ADDRESS 209 BARTWOOD CT  
CITY-ST-ZIP NICEVILLE FL 32578

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES C BINNICKER, PCEO 2/1/2000

850/651-3766

Date

Daytime Phone #