

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 01, 2002 8:00 am
Secretary of State

04-01-2002 90600 032 ****61.25

DOCUMENT # N97000007080

1. Entity Name

AIR FORCE ENLISTED FOUNDATION, INC.

Principal Place of Business

**92 SUNSET LANE
 SHALIMAR FL 32579**

Mailing Address

**92 SUNSET LANE
 SHALIMAR FL 32579**

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

23-7078212

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**BINNICKER, JAMES C
 307 SANTA ROSA BLVD #11
 FORT WALTON BEACH FL 32548**

7. Name and Address of New Registered Agent

Name

BINNICKER, JAMES C.

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

619 PELICAN DRIVE

City

FORT 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.

(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

TITLE	PD	<input type="checkbox"/> Delete
NAME	BINNICKER, JAMES C	
STREET ADDRESS	302 SANTA ROSA BLVD #11	
CITY-ST-ZIP	FORT WALTON BEACH FL 32548	
TITLE	CD	<input type="checkbox"/> Delete
NAME	JERNIGAN, FINITH E.	
STREET ADDRESS	420 E. PINE AVE.	
CITY-ST-ZIP	CRESTVIEW FL 32536	
TITLE	STD	<input type="checkbox"/> Delete
NAME	CASKEY, LARRY W	
STREET ADDRESS	1200 JAMES LEE BLVD E	
CITY-ST-ZIP	CRESTVIEW FL 32539	
TITLE	ASTD	<input type="checkbox"/> Delete
NAME	BAILEY, ROBERT W	
STREET ADDRESS	209 BARTWOOD CT	
CITY-ST-ZIP	NICEVILLE FL 32578	
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	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BINNICKER, JAMES C.	(address)
STREET ADDRESS	619 PELICAN DRIVE	
CITY-ST-ZIP	FORT WALTON BEACH, FL 32548	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	CD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D'ERCOLE, ERNEST C.	
STREET ADDRESS	6827 Brian Michael Ct	
CITY-ST-ZIP	Springfield, VA 22153	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	S/TD	
NAME	BAILEY, ROBERT W.	32580
STREET ADDRESS	384 Jasmine Avenue	Valparaiso, FL
CITY-ST-ZIP	AS/TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REYNOLDS, MICHAEL C.	
STREET ADDRESS	1044 De La Parisienne	
CITY-ST-ZIP	Mary Esther, FL 32569	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.

James C. Binnicker

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

22.03.02 850-651-3766

Date

Daytime Phone #

CR2E037 (9/01)