

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2004 8:00 am
Secretary of State

02-16-2004 90034 018 ****61.25

DOCUMENT # N97000007080					
1. Entity Name AIR FORCE ENLISTED VILLAGE, 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		4. FEI Number 23-7078212	
Zip		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BINNICKER, JAMES C 2037 GRAYSON DR NAVARRE, FL 32566			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 <u>James C. Binnicker, PCED</u> DATE <u>2/12/04</u> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2004		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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BINNICKER, JAMES C 2037 GRAYSON DR NAVARRE, FL 32566	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD REYNOLDS, MICHAEL C 105 TIMBERLEA DR WARNER ROBINS, GA 31088	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC BARSDALE, BOBBY H 117 GLADE DR TULLAHOMA, TN 373884625	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC BARSDALE, BOBBY H 117 GLADE DR TULLAHOMA, TN 37388-4625	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD RAY, CHARLES K 1699 HWY 98 W., #303 MARY ESTHER, FL 32569	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASTD WALKER, DEBORAH 1234 SHORE ACRES DRIVE MOBILE, AL 36605	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <u>James C. Binnicker</u> James C. Binnicker <u>2/12/04</u> <u>(850) 651-3766</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					