## **2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

## DOCUMENT # N9700007080

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**FILED** Apr 21, 2003 8:00 am § Secretary of State

1. Entity Nam AIR FORC		ED FOUNDATION,	INC.			04-2	21-2003 90402	050 ****61.2	25
Principal Place of Business 92 SUNSET LANE SHALIMAR FL 32579			Mailing Address 92 SUNSET LANE SHALIMAR FL 32579			A Section Control of			
2. Principal P	Place of Busin	ess	3. Mailing Address	<u>-</u>	<del>,</del>				
Suite, Apt. #, etc. Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES					
City & State			City & State			4. FEI Number 23-7078212 Applied For Not Applicable			
Zip	Country Zip Co		Country		5. Certificate of Status Desired   \$8.75 Additional Fee Required				
Name and Address of Current Registered Agent						7. Name and Addres	ss of New Register	red Agent	
BINNICKER, JAMES C 619 PELICAN DRIVE FORT WALTON BEACH FL 32548				·	Name Binnicker, James C Street Address (P.O. Box Number is Not Acceptable) 203/ Grayson Drive				
				City	avarr	e		FL 3256	<sub>5</sub> 6
	tions of regist		or the purpose of changing its and title if applicable. (NOTE	James C	. Bin	micker, PC	EO	art rainina with,	and accept
(	ELE NOW	: FEE IS \$61.25	9. Election Car Trust Fund C	npaign Financing		\$5.00 May Be Added to Fees		neck Payable partment of S	
10.	EILE NOW	: FEE IS \$61.25	Trust Fund C				Florida De	partment of S	State
5) A	PD BINNICKER 619 PELIC	OFFICERS AND DI	Trust Fund C	Contribution.	20	Added to Fees	Florida De	partment of S	State
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	PD BINNICKEF 619 PELIC FORT WAL CD D'ERCOLE 6827 BRIA	OFFICERS AND DI R, JAMES C AN DRIVE TON BEACH FL 32340 , ERNEST C N MICHAEL C.	Trust Fund C	11. TITLE NAME STREET ADDRES CITY-ST-ZIP TITLE NAME STREET ADDRES	20 S Na CD Reyn 105	Added to Fees  ADDITIONS/CHANGES  37 Grayson  avarre, FL  acids, Mich Timberlea	TO OFFICERS AND Drive 32566 ael C. Dr.	D DIRECTORS IN IX Change	State
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	PD BINNICKEF 619 PELIC FORT WAL CD D'ERCOLE 6827 BRIA SPRINGFIE STD CASKEY, I	OFFICERS AND DI R, JAMES C AN DRIVE TON BEACH FL 32344 FRINEST C N MICHAEL C. ELD VA 22153  ARRY W ES LEE BLVD E	Trust Fund C	11. TITLE NAME STREET ADDRES CITY-ST-ZIP TITLE NAME STREET ADDRES CITY-ST-ZIP	20 Na CD Reyn 105 Warn WTBe Bark 117	Added to Fees  ADDITIONS/CHANGES  37 Grayson avarre, FL  anolds, Mich Timberlea aer Robins, e-Chairman asdaleleBob Glade Driv	TO OFFICERS AND Drive 32566  ael C. Dr. GA 3106	D DIRECTORS IN  X Change  X Change	State  10  Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	PD BINNICKEF 619 PELIC FORT WAL CD D'ERCOLE 6827 BRIA SPRINGFIE STD CASKEY, L 1200 JAMI CRESTVIEV STD BAILEY, R 384 JASMI	OFFICERS AND DI R, JAMES C AN DRIVE TON BEACH FL 32344 FENEST C N MICHAEL C. ELD VA 22153  ARRY W ES LEE BLVD E N FL 32539  DBERT W	Trust Fund C	11. TITLE NAME STREET ADDRES CITY-ST-ZIP TITLE NAME STREET ADDRES CITY-ST-ZIP TITLE NAME STREET ADDRES CITY-ST-ZIP STREET ADDRES	20 S Na CD Reyn 105 Warn Vioe S Bayk 117 Full STD Ray, 1699	Added to Fees  ADDITIONS/CHANGES  37 Grayson  avarre, FL  action of the control o	TO OFFICERS AND Drive 32566  ael C. Dr. GA 3100 by H. e 37388-40	D DIRECTORS IN  X Change  X Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BINNICKEF 619 PELIC FORT WAL CD D'ERCOLE 6827 BRIA SPRINGFIE STD CASKEY, L 1200 JAME CRESTVIEN STD BAILEY, RE 384 JASMI VALPARAIS ASTD MICHAEL, 1044 DE L	OFFICERS AND DI R, JAMES C AN DRIVE TON BEACH FL 32340 FRIED VA 22153  ARRY W ES LEE BLVD E W FL 32539  OBERT W NE AVE.	Trust Fund C	TITLE NAME STREET ADDRES CITY-ST-ZIP TITLE NAME STREET ADDRES	20 S Na CD Reyn 105 Warn VTOe S Bayk 117 Tull STD Ray, 1699 Mary ASTD S Walk	Added to Fees  ADDITIONS/CHANGES  37 Grayson  avarre, FL  action of the control o	TO OFFICERS AND TO OFFICERS AND Drive 32566  ael C. Dr. GA 3106 by H. e 37388-46	D DIRECTORS IN  X Change  X Change	Addition

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

SIGNATURE:

James C. Burnicker 4/16/03 850-651-3766