

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000003239 (0)

1. Corporation Name

306TH BOMB WING (MCCOY) REUNION ASSOCIATION, INC

Principal Place of Business

Mailing Address

3596 IDLE HOUR DR
ORLANDO FL 32822

3596 IDLE HOUR DR
ORLANDO FL 32822



3. Date Incorporated or Qualified

06/27/1994

3a. Date of Last Report

06/12/1995

2. Principal Place of Business

2a. Mailing Address

21 1585 MERCURY ST.

26 MERRITT ISLAND, FL

4. FEI Number

59-3252809

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 M

27 1585 MERCURY ST.

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

City & State

City & State

23 MERRITT ISLAND, FL

28 MERRITT ISLAND, FL

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

24 32953 FL

25 BREVARD

29 32953

30 BREVARD

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GRIERSON, ROBERT E
3596 IDLE HOUR DR
ORLANDO FL 32822

81 Name

JOSEPH DEMES

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

1585 MERCURY ST.

83

84 City

MERRITT ISLAND FL

85 Zip Code

32953

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

JOSEPH DEMES

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

Feb 26, 1996

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME DEMES, JOSEPH
STREET ADDRESS 1585 MERCURY ST
CITY-ST-ZIP MERRITT ISLAND FL 32953

TITLE ☒ DELETE

NAME GRIERSON, ROBERT E
STREET ADDRESS 3596 IDLE HOUR DR
CITY-ST-ZIP ORLANDO FL 32822

TITLE ☒ DELETE

NAME VINCENT, RALPH
STREET ADDRESS 6519 STOCKBRIDGE AV
CITY-ST-ZIP ORLANDO FL 32809

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

JOSEPH DEMES (REG.)

Feb 26 '96

Date

(407) 452-4417

Daytime Phone #

CR2E037 (12/95)