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FILED

Feb 18 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000001434 (9)

1. Corporation Name

EGLIN/AIR FORCE ASSOCIATION COLLEGE SCHOLARSHIP
FOUNDATION, INCORPORATED

Principal Place of Business

Mailing Address

809 MAR WALT DR.
SUITE 1024
FT. WALTON BEACH FL 32547PO BOX #176
SHALIMAR FL 32579-01763. Date Incorporated or Qualified
03/14/19943a. Date of Last Report
02/22/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

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25

29

30

4. FEI Number
59-3239211Applied For
Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐ \$5.00 May Be
Added to Fees8. 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

SIMPSON, DAVID A
909 MAR WALT DRIVE SUITE 1024
FT WALTON BEACH FL 32547

81 Name

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

83

84 City

FL

85 Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☒ DELETE
NAME ROONEY, THOMAS M
STREET ADDRESS 811 TURNBERRY WAY
CITY-ST-ZIP NICEVILLE FL 325781.1 TITLE PD ☐ Change ☒ Addition
1.2 NAME WIEAVER, LOYAL L.
1.3 STREET ADDRESS 1900 PALMIETTO PALM CIR
1.4 CITY-ST-ZIP NICEVILLE FL 32578-3571TITLE SD ☐ DELETE
NAME BYRD, RONALD H
STREET ADDRESS 718 PRESTWICK DR
CITY-ST-ZIP NICEVILLE FL 325782.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIPTITLE TD ☐ DELETE
NAME EDWARDS, WILLIAM W
STREET ADDRESS 2 ELKWOOD CT.
CITY-ST-ZIP SHALIMAR FL 325793.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIPTITLE CD ☐ DELETE
NAME KIRK, WILLIAM L
STREET ADDRESS C/O 909 MAR WALT DR., #1024
CITY-ST-ZIP FT. WALTON BEACH FL 325474.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIPTITLE D ☒ DELETE
NAME KIRBY, JACK O
STREET ADDRESS C/O 909 MAR WALT DR., #1024
CITY-ST-ZIP FT. WALTON BEACH FL 325475.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIPTITLE D ☒ DELETE
NAME FRANGIONI, RALPH K
STREET ADDRESS C/O 909 MAR WALT DR., #1024
CITY-ST-ZIP FT. WALTON BEACH FL 325476.1 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 does not qualify for the exemption stated in Section 119.07(3)(i), 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: WILLIAM W. EDWARDS 10/16/97 904-651-9779

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0074688

CR2E037 (9/96)