


FILE NOW: FILING FEE IS \$61.25

FILED  
Jan 27 1998 8:00am  
Secretary of State



|  |   |   |
|--|---|---|
| NONPROFIT<br>CORPORATION<br>ANNUAL REPORT<br><b>1998</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|---|---|

DOCUMENT # **N94000003239 (0)**

1. Corporation Name

**306TH BOMB WING (MCCOY) REUNION ASSOCIATION, INC**

Principal Place of Business

Mailing Address

**1585 MERCURY ST.  
MERRITT ISLAND FL 32953**

**1585 MERCURY ST.  
MERRITT ISLAND FL 32953**

3. Date Incorporated or Qualified

**06/27/1994**

4. FEI Number

**59-3252809**

Applied For

Not Applicable

|                                |                              |
|--------------------------------|------------------------------|
| 2. Principal Place of Business | 2a. Mailing Address          |
| 21 <b>1449 PATRIOT DRIVE</b>   | 26 <b>1449 PATRIOT DRIVE</b> |
| Suite, Apt. #, etc.            | Suite, Apt. #, etc.          |
| 22                             | 27                           |
| City & State                   | City & State                 |
| 23 <b>MELBOURNE, FL</b>        | 28 <b>MELBOURNE, FL</b>      |
| Zip                            | Zip                          |
| 24 <b>32940</b>                | 29 <b>32940</b>              |
| Country                        | Country                      |
| 25 <b>BREVARD</b>              | 30 <b>BREVARD</b>            |

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

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

**DEMES, JOSEPH  
1585 MERCURY ST.  
MERRITT ISLAND FL 32953**

10. Name and Address of New Registered Agent

|   |
|---|
| 81 Name   |
| 82 Street Address (P.O. Box Number is Not Acceptable) |
| 83  |
| 84 City   |
| <b>FL</b>   |
| 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                      | <b>D</b> <input type="checkbox"/> DELETE             | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | <b>DEMES, JOSEPH</b>                                 | 1.2 NAME  |  |
| STREET ADDRESS             | <b>1585 MERCURY ST</b>                               | 1.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | <b>MERRITT ISLAND FL 32953</b>                       | 1.4 CITY-ST-ZIP                                       |  |
| TITLE                      | <b>DT</b> <input checked="" type="checkbox"/> DELETE | 2.1 TITLE   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME                       | <b>MCCREA, DAVID</b>                                 | 2.2 NAME  | <b>DT BERNARD B. WEINBERG</b>  |
| STREET ADDRESS             | <b>6608 VOLTAIRE DRIVE</b>                           | 2.3 STREET ADDRESS                                    | <b>1449 PATRIOT DRIVE</b>  |
| CITY-ST-ZIP                | <b>ORLANDO FL 32809</b>                              | 2.4 CITY-ST-ZIP                                       | <b>MELBOURNE, FL 32940</b>   |
| TITLE                      | <b>VP/D</b> <input type="checkbox"/> DELETE          | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | <b>CURL, LARRY</b>                                   | 3.2 NAME  |  |
| STREET ADDRESS             | <b>8700 15TH LANE NORTH</b>                          | 3.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | <b>ST. PETERSBURG FL 33702</b>                       | 3.4 CITY-ST-ZIP                                       |  |
| TITLE                      | <input type="checkbox"/> DELETE                      | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |  | 4.2 NAME  |  |
| STREET ADDRESS             |  | 4.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                |  | 4.4 CITY-ST-ZIP                                       |  |
| TITLE                      | <input type="checkbox"/> DELETE                      | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |  | 5.2 NAME  |  |
| STREET ADDRESS             |  | 5.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                |  | 5.4 CITY-ST-ZIP                                       |  |
| TITLE                      | <input type="checkbox"/> DELETE                      | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |  | 6.2 NAME  |  |
| STREET ADDRESS             |  | 6.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                |  | 6.4 CITY-ST-ZIP                                       |  |

14. 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 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: **SIGNATURE REQUIRED**

**19 Jan 98 (407) 255-6876**

CR2E037 (10/97)