

2002 UNIFORM BUSINESS REPORT (UBR)

FILED

May 24, 2002 8:00 am
Secretary of State

05-24-2002 91309 044 ****61.25

DOCUMENT # N94000001434

1. Entity Name

**EGLIN/AIR FORCE ASSOCIATION COLLEGE SCHOLARSHIP
FOUNDATION, INCORPORATED**

Principal Place of Business

Mailing Address

**909 MAR WALT DR.
SUITE 1024
FT. WALTON BEACH FL 32547**

**PO BOX #176
SHALIMAR FL**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3239211

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Michael Gates

Three Plew Avenue

City SHALIMAR

FL

Zip Code 32579

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME SHAMBO, JAMES F ☒ Delete
STREET ADDRESS 1005 LAKE DRIVE
CITY-ST-ZIP NICEVILLE FL 32578

TITLE PD ☒ Change ☐ Addition
NAME SIEFKE, STANLEY P
STREET ADDRESS 236 OLDE POST RD
CITY-ST-ZIP NICEVILLE, FL 32578

TITLE VD ☒ Delete
NAME SIEFKE, STANLEY P
STREET ADDRESS 236 OLDE POST ROAD
CITY-ST-ZIP NICEVILLE FL 32578

TITLE VP ☒ Change ☐ Addition
NAME HARDIN, DOUGLAS L.
STREET ADDRESS 1453 OAKMONT PLACE
CITY-ST-ZIP NICEVILLE, FL 32578

TITLE TD ☐ Delete
NAME BYRD, RON H
STREET ADDRESS 718 PRESTWICK DRIVE
CITY-ST-ZIP NICEVILLE FL 32578

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE CD ☐ Delete
NAME COX, HUGH
STREET ADDRESS 4500 OLD PLANTATION PL
CITY-ST-ZIP DESTIN FL 32541

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SD ☐ Delete
NAME WOOD, SANDRA S
STREET ADDRESS 1522 ROYAL PALM DRIVE
CITY-ST-ZIP NICEVILLE FL 32578

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8 Jan 2002 (800) 877-4037

Date

Daytime Phone #

CR2E037 (9/01)