2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

## Feb 23, 2004 08:00 AM Secretary of State DOCUMENT # N94000003239 1. Entity Name 306TH BOMB WING (MCCOY) REUNION ASSOCIATION, Mailing Address Principal Place of Business 1449 PATRIOT DR P.O. BOX 542066 MELBOURNE FL 32940 MRRRITT ISLAND FL 32954 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E037 (11/03) MOORE Applied For City & State 4. FEI Number City & State 59-3252809 Not Applicable Country \$8.75 Additional Ζip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name DEMES, JOSEPH Street Address (P.O. Box Number is Not Acceptable) 1585 MERCURY ST. MERRITT ISLAND FL 32953 Zip Code City 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and line if applicable. (NOTE: Registered Agent stonature required when sonstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. Florida Department of State Due By May 1, 2004 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10. OFFICERS AND DIRECTORS 11. 10. Change ☐ Delete TIES F TITLE DEMES, JOSEPH U000000060961 NAME NAME 1585 MERCURY ST 02/23/04-80059-013 61.25 STREET ADDRESS STREET ADDRESS MERRITT ISLAND FL 32953 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change | TITLE ☐ Defete TITLE BERNARD B WEINBERG NAME MARKE 1449 PATRIOT DR STREET ADDRESS STREET ADDRESS MELBOURNE FL 32940 CITY-ST-ZIP CITY-ST-ZIP VP/D ☐ Addition TETLE ☐ Delete THE ☐ Chasse CURL, LARRY NAME MANE 8700 15TH LANE NORTH STREET ADDRESS STREET ADDRESS ST. PETERSBURG FL 33702 CITY-ST-ZIP CATY-SI-ZIP ☐ Change Addition TITLE THEF ☐ Defete MANTE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE MAME NAME STREET ADDRESS STREET ADDRESS CITY-\$1-28P CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE MAME STREET ADORESS STREET ADDRESS City-ST-ZiP CITY-SE-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.

BERHARD B. WEINBERG 19FERDY (321)255-6876

**FILED**