2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 27, 2006 8:00 am DOCUMENT # N94000003239 **Secretary of State** 02-27-2006 90072 041 ****61.25 306TH BOMB WING (MCCOY) REUNION ASSOCIATION, Principal Place of Business Mailing Address P.O. BOX 542066 MRRRITT ISLAND FL 32954 1449 PATRIOT DR MELBOURNE FL 32940 US 2. Principal Place of Business 3. Mailing Address 1585 MERCURY STREET Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/05) City & State City & State 4. FEI Number Applied For 59-3252809 MERRITY ISLAND FLO Not Applicable Zip 32953 Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DEMES, JOSEPH Street Address (P.O. Box Number is Not Acceptable) 1585 MERCURY ST. MERRITT ISLAND FL 32953 Zip Code 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 title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Due By May 1, 2006 Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE ☐ Dolete TITLE ☐ Change ■ Addition DEMES, JOSEPH NAME 1585 MERCURY ST STREET ADDRESS STREET ADDRESS MERRITT ISLAND FL 32953 CITY-ST-ZIP CITY-ST-ZIP DT TREASURER TITLE ☐ Delete TITLE Change ☐ Addition BERNARD B WEINBERG BERNARD B.WEINBERG NAME NAME 5031 STONE MOSS WAY 5031 STONE MOSS WAY STREET ADDRESS STREET ADDRESS HOSCHTON, GA 30548 HOSCHTON GA 30548 CITY-ST-ZIP CITY-ST-ZIP Delete TITLE VP/D TITLE ☐ Change Addition CURL, LARRY STREET ADDRESS 8700 15TH LANE NORTH STREET ADDRESS ST. PETERSBURG FL 33702 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

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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:

BERNARD B.WEINBERC /IFEB OL 678-778-2952

12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information