2007 NOT-FOR-PROFIT-CORPORATION **ANNUAL REPORT (AR)**

SIGNATURE:

FILED ------DOCUMENT # N9400003239 Feb 02, 2007 08:00 Al 1. Entity Name **Secretary of State** 306TH BOMB WING (MCCOY) REUNION ASSOCIATION, INC. Principal Place of Business Mailing Address 1585 MERCURY ST P.O. BOX 542066 MERRITT ISLAND FL 32953 MRRRITT ISLAND FL 32954 3. Mailing Address P.O. BOX 542.066 2. Principal Place of Business - No P.O. Box # 585 MERCURY ST. CR2E037 (10/06) 1st MOORE MERRITI LSCAND City & Stato City & State 4. FEI Number Applied For MERRITT 59-3252809 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 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 City 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 little if applicable (NOTE: Registered Agent signature regulated when reinstating) DATE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing "Make Check Payable to \$5.00 May Be Trust Fund Contribution. Due By May 1, 2007 Florida Department of State Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. Change TITLE IIILE ☐ Delete ☐ Addition U00000619132 NAME NAME DEMES, JOSEPH 02/08/07-80058-025 61.25 STREET ADDRESS STREET ADDRESS 1585 MERCURY ST CITY-ST-7IP MERRITT ISLAND FL 32953 CITY-ST-ZIP TITLE ☐ Delete IIILE Change ☐ Addition NAME BERNARD B WEINBERG NAME STREET ADDRESS 5031 STONE MOSS WAY STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **HOSCHTON GA 30548** TITLE TITLE Change ☐ Addition Delete VP/D NAME NAME CURL, LARRY STREET ADDRESS STREET ADDRESS 8700 15TH LANE NORTH CITY ST-ZIP CITY-ST-ZIP ST. PETERSBURG FL 33702 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZiP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-S1-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS City-St-7IP CITY-ST-ZIP 12. I hereby 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 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.