## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

## Feb 26, 2008 8:00 am DOCUMENT # N94000003239 **Secretary of State** 02-26-2008 90006 027 \*\*\*\*61.25 306TH BOMB WING (MCCOY) REUNION ASSOCIATION, Principal Place of Business Mailing Address 1585 MERCURY ST MERRITT ISLAND FL 32953 P.O. BOX 542066 MRRRITT ISLAND FL 32954 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #. etc. Suite, Apt. #, etc 1st MOORE CR2E037 (10/07) City & State City & State 4. FEI Number Applied For 59-3252809 Not Applicable Zip Country 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 Florica. I am familiar with, and accept the obligations of registered agent 14 Feb 2008 enu SIGNATURE Signature, typoxics orings from of registered agent and the Lappicable. (NOTE: Registered Agent agnature red used when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Due By May 1, 2008 Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE ☐ Delste TITLE Change Addition DEMES, JOSEPH NAME NAME 1585 MERCURY ST STREET ADDRESS STREET ADDRESS MERRITT ISLAND FL 32953 CITY-ST-ZIP CITY-ST-ZIP TREASURER TITLE Delete TITLE ☐ Addition BERNARD B WEINBERG NAME NAME DONALB BUHR STREET ADDRESS 5031 STONE MOSS WAY STREET ADDRESS 31 JOYCE AVE HOSCHTON GA 30548 12962 CITY-ST-ZIP MORRISONVILLE VP/D TITLE Delete TITLE ☐ Change C Addition NAME CURL, LARRY NAME 8700 15TH LANE NORTH STREET ADDRESS STREET ADDRESS ST. PETERSBURG FL 33702 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Dalete TIT1 F ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP ☐ Dalete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 artagment with an address, with all other like empowered.

JOSEPH DEMES

SIGNATURE:

FILED

14 February 2008 321-452-4417