

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N09000009092

**FILED**  
**Feb 02, 2016**  
**Secretary of State**  
**CC2443506718**

**Entity Name:** AIR FORCE EMERGENCY MANAGEMENT ASSOCIATION INC.

**Current Principal Place of Business:**

3204 COLTER ST  
PANAMA CITY, FL 32404

**Current Mailing Address:**

PO BOX 40057  
PANAMA CITY, FL 32403 US

**FEI Number: 27-0958875**

**Certificate of Status Desired: Yes**

**Name and Address of Current Registered Agent:**

HULL, LARRY  
3204 COLTER ST  
PANAMA CITY, FL 32404 US

*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:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PD  
Name HULL, LAWRENCE R  
Address 3204 COLTER ST  
City-State-Zip: PANAMA CITY FL 32404

Title TD  
Name CONNORS, HARLEY M  
Address 3204 COLTER ST  
City-State-Zip: PANAMA CITY FL 32404

Title SD  
Name KURTZHALS, JANNA  
Address 3204 COLTER ST  
City-State-Zip: PANAMA CITY FL 32404

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: LAWRENCE HULL**

**PD**

**02/02/2016**

Electronic Signature of Signing Officer/Director Detail

Date