

**2022 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F97000000758

**Entity Name:** COMMEMORATIVE AIR FORCE, INC.**Current Principal Place of Business:**5661 MARINER DRIVE  
DALLAS, TX 75237**Current Mailing Address:**PO BOX 764769  
DALLAS, TX 75376 US**FEI Number: 74-1484491****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 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            PRESIDENT  
Name            COATES, HENRY D  
Address        PO BOX 764769  
City-State-Zip: DALLAS TX 75376

Title            SECRETARY, TREASURER  
Name            LINGUIST, LANCE  
Address        PO BOX 764769  
City-State-Zip: DALLAS TX 75376

Title            D  
Name            BEEGLE, PHILIP  
Address        13 VELMA DRIVE  
City-State-Zip: NEWNAN GA 30263

Title            DIRECTOR  
Name            STENEVIK, BOB  
Address        109 SAN MEDINA LN  
City-State-Zip: JOSHUA TX 76058

Title            DIRECTOR  
Name            L C, COOKSEY  
Address        1616 CLOVER HILL RD  
City-State-Zip: MANSFIELD TX 76063

Title            DIRECTOR  
Name            AGATHER, NEILS  
Address        409 RIVERCREST DR  
City-State-Zip: FORT WORTH TX 76107-1639

Title            DIRECTOR  
Name            BROWN, JORDAN  
Address        1135 S STATE ROAD 59  
City-State-Zip: CENTER POINT IN 47840-8214

Title            DIRECTOR  
Name            CLAUSEN, DEENA  
Address        1464 REDCLOUD PEAK  
City-State-Zip: CANYON LAKE TX 78133

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*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: LANCE LINGUIST****CFO****04/28/2022**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name WALKER, DENISE  
Address 2359 AN COUNTY RD, 448  
City-State-Zip: PALESTINE TX 75803

Title DIRECTOR  
Name MIZELL, KATHY  
Address 1005 CLEARSPRING DR  
City-State-Zip: BRENHAM TX 77833

Title DIRECTOR  
Name SCHELL, DENNIS  
Address 732 N BOLTON AVE  
City-State-Zip: INDIANAPOLIS IN 46219-5902

Title DIRECTOR  
Name WEBB, GORDON  
Address 228 MAPLE ST  
City-State-Zip: SPRINGPORT TX 75803