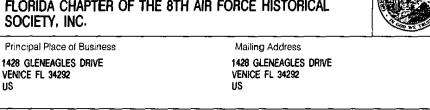
2003 NOT-FOR-PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # 736740

1. Entity Name

FLORIDA CHAPTER OF THE 8TH AIR FORCE HISTORICAL



FILED Jan 21, 2003 8:00 am Secretary of State

01-21-2003 90173 003 ****70.00

OCCILITY	1110-		} ~	OD WE TO	+			
Principal Place of Business 1428 GLENEAGLES DRIVE VENICE FL 34292 US		Mailing Address 1428 GLENEAGLES DRIVE VENICE FL 34292 US						
2. Principal Place of Business as above		3. Mailing Address as above						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES				
City & State		City & State		4. FEI Number 59-2547168		———	Applied For	
Zip Country		Zip	Zip Country		5. Certificate of Status Desired \$8.7			dditional
	6. Name and Address of Current	Registered Agent	red Agent		7. Name and Address of New Registered Agent			
 ,			Nam	1e			~ -	
ROCHE, WILLIAM J 1428: GLENEAGLES DR VENICE FL 34292				Street Address (P.O. Box Number is Not Acceptable)				
TENIOL I	C 04232		City				FL Zip Co	de
8. The above	named entity submits this statement for	the purpose of changing its	registered office	e or register	red agent, or both, in th	e State of Florin	la. I am familiar with	n, and accept
	tions of registered agent.	the perpede of energing to	nogional and	lo or register	rod agent, or boar, in an	o oldio oi i lorio	io. Tarritariinoi Wit	, 4,14 40000
		and.	0 1	1				
OLC NATURE	William J. Roche	, will	1/6			1/17/	′2003	
SIGNATURE	Signature, typed or printed name of registered agent a	nd title if applicable. (NOT)	E: Registered Agent s	ignature required	d when reinstating)		DATE	
	FILE NOW: FEE IS \$61.25	9. Election Car Trust Fund C		ng 🔲	\$5.00 May Be Added to Fees		Check Payable Department of	
10.	OFFICERS AND DIR	ECTORS	11.		ADDITIONS/CHANGES	TO OFFICERS	AND DIRECTORS	N 10
TITLE	PD	☐ Delete	TITLE				☐ Change	☐ Addition
NAME	NOLAN, ROBERT H		NAME	Ì				
STREET ADDRESS	2676 AUGUSTA DRIVE, NORTH		STREET ADDRE	ESS				
CITY-ST-ZIP	CLEARWATER FL		CITY-ST-ZIP					
TITLE	SD	Delete	TITLE				☐ Change	☐ Addition
NAME	HARDIN, M.B.	□ Delete	NAME	ł				radinon
STREET ADDRESS	2374 PORT MARNOCH LN.		STREET ADDRE	22				ĺ
CITY-ST-ZIP	SPRING HILL FL 34606		CITY-ST-ZIP					i
	VP						Change	CT Addition
TITLE	J -	☐ Delete	TITLE				Change	Addition
NAME	BROWN, CHARLES L		NAME STREET ADDRE					ļ
	8801 SW 116TH ST		CITY-ST-ZIP	:55				Į.
CJTY-ST-ZIP	MIAMI FL 33176	<u> </u>	GHY-SI-ZIP					
TITLE	T	☐ Delete	TITLE	1			Change	Addition
NAME	ROCHE, WILLIAM J		NAME	- l				
STREET ADDRESS	1428 GLENEAGLES DRIVE		STREET ADDRE	ESS				
CITY-ST-ZIP	VENICE FL		CITY-ST-ZIP					
TITLE	D	₹Zpelete	TITLE				☐ Change	Addition
NAME	GIARRA, NICHOLAS	21.21	NAME	1	•			į
STREET ADDRESS	1269 CYPREE TRACE DR		STREET ADDRE	:SS·				ĺ
CITY-ST-ZIP	MELBOURNE FL		CITY-ST-ZIP]
TITLE		☐ Delete	TITLE				☐ Change	Addition
NAME			NAME				_ •	J
STREET ADDRESS	ì		STREET ADDRE	ess				}
CITY-ST-ZIP			CITY-ST-ZIP					

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

SIGNATURE: WISIGNATURE REQUIRED WILLAM J. ROC HE DELLE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

941-485-5073