

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

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

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

DOCUMENT # 736740

1. Entity Name

**FLORIDA CHAPTER OF THE 8TH AIR FORCE HISTORICAL
SOCIETY, INC.**



Principal Place of Business

**1428 GLENEAGLES DRIVE
VENICE FL 34292
US**

Mailing Address

**1428 GLENEAGLES DRIVE
VENICE FL 34292
US**

20015248



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

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☒

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ROCHE, WILLIAM J
1428 GLENEAGLES DR
VENICE FL 34292**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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 **William J. Roche**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/17/2003

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☐ Delete
NAME **NOLAN, ROBERT H**
STREET ADDRESS **2676 AUGUSTA DRIVE, NORTH**
CITY-ST-ZIP **CLEARWATER FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **SD** ☐ Delete
NAME **HARDIN, M.B.**
STREET ADDRESS **2374 PORT MARNOCH LN.**
CITY-ST-ZIP **SPRING HILL FL 34606**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VP** ☐ Delete
NAME **BROWN, CHARLES L**
STREET ADDRESS **8801 SW 116TH ST**
CITY-ST-ZIP **MIAMI FL 33176**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **T** ☐ Delete
NAME **ROCHE, WILLIAM J**
STREET ADDRESS **1428 GLENEAGLES DRIVE**
CITY-ST-ZIP **VENICE FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☒ Delete
NAME **GIARRA, NICHOLAS**
STREET ADDRESS **1269 CYPREE TRACE DR**
CITY-ST-ZIP **MELBOURNE FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

William J. Roche *[Signature]* **941-485-503**

Date

Daytime Phone #

CR2E037 (10/02)