

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 738355 (7)

1. Corporation Name

THE 8TH AIR FORCE MEMORIAL MUSEUM FOUNDATION, IN
C.



Principal Place of Business

Mailing Address

18 WHITE OAK DR.
RR 2, BOX 598
SUSSEX NJ 07461-4525
US

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RR 2, BOX 598
SUSSEX NJ 07461-4525
US

3. Date Incorporated or Qualified
03/15/1977

3a. Date of Last Report
01/26/1995

2. Principal Place of Business

2a. Mailing Address

21 65 BEDDINGTON LANE

26 P.O. BOX 201

4. FEI Number
59-1757630

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

23 STRASBURG, PA

27 STRASBURG, PA

6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be
Added to Fees

24 17579 25 USA

29 17579 30 U.S.A.

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PETERSON, CLIFFORD L
2120 WOODCREST DR
WINTER PARK FL 32792

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DT
NAME CREEDEN, EDWARD J.
STREET ADDRESS 18 WHITE OAK DR.
CITY- ST- ZIP SUSSEX NJ ☐ DELETE

1.1 TITLE DIRECTOR ☒ Change ☐ Addition
1.2 NAME CREEDEN EDWARD J.
1.3 STREET ADDRESS 18 WHITE OAK DR.
1.4 CITY- ST- ZIP SUSSEX, NJ

TITLE D
NAME RUSSELL, GEORGE E
STREET ADDRESS 13252 SILVER SADDLE LN
CITY- ST- ZIP POWAY, CA 00000 ☒ DELETE

2.1 TITLE DIRECTOR/TREASURER ☐ Change ☒ Addition
2.2 NAME ARTHUR E. SWANSON
2.3 STREET ADDRESS 65 BEDDINGTON LANE
2.4 CITY- ST- ZIP STRASBURG, PA 17579

TITLE D
NAME HOVSEPIAN, BARKEV
STREET ADDRESS 13 HILLSIDE AVENUE
CITY- ST- ZIP NEEDHAM HIGHTS MA ☐ DELETE

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY- ST- ZIP

TITLE PD
NAME GREENWOOD, JOHN E.
STREET ADDRESS 607 STATE STREET
CITY- ST- ZIP ALTON IL ☐ DELETE

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY- ST- ZIP

TITLE D
NAME PETERSON, CLIFFORD L
STREET ADDRESS 2120 WOODCREST DRIVE
CITY- ST- ZIP WINTER PARK FL ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY- ST- ZIP

TITLE D
NAME VICKERS, ROBERT
STREET ADDRESS 10552 MONTGOMERY, N.E.
CITY- ST- ZIP ALBUQUERQUE NM ☐ DELETE

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY- ST- ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
ARTHUR E. SWANSON

1/28/96 (717) 687-6257

Date

Daytime Phone #

CR2E037 (12/95)