## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

738355

(7)

THE 8TH AIR FORCE MEMORIAL MUSEUM FOUNDATION, IN

## FILED Feb 04 1998 8:00am Secretary of State

Principal Place of Business Mailing Address					r indere konne dira, innem liens metal mint niner ninet mini 21319 al	Ett aram teat
65 BEDDINGTON LN		PO BOX 201			3. Date Incorporated or Qualified	
STRASBURG PA 17579		STRASBURG PA 17579			03/15/1977	
US		US				plied For
						ot Applicable
2. Principal Place of Business 2a. Mailing Address					- ¢0.7E	Additional
21		26				equired
Suite, Apt. #, etc.		Suite, Apt. #, etc.			6. Election Campaign Financing \$5.00	May Be
22		27			Trust Fund Contribution Added to Fees	
City & State		City & State			7. Is this nonprofit corporation a homeowners association?  Yes No	
Zip	Country	Zip	Country		8. This corporation owes or has paid the current year Intangible	
24	25		30		Personal Property Tax due June 30. Yes No	
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Registered Agent	
}			81	Name		
PETERS	ON, CLIFFORD L		82 Street Add		ddress (P.O. Box Number is Not Acceptable)	
2120 W	DODCREST DR		<u></u>			
WINTER	PARK FL 32792		83			
			84	City	85 Zip 6	Code
				*	FL	
11. Pursuant	to the provisions of Sections 617,0502	and 617,1508, Florida Statutes	s, the above	e-named co	orporation submits this statement for the purpose of changing it	s registered
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Fiorida 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			ant signature re	quired when reinstating) DATE	
12.	CFFICERS AND	DELETE	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR  CRESS: 1985 - 1986 -	Addition
TITLE	D COSEDEN CONTABO	T'T DECEIE	1.1 TITLE	1		La Addition
NAME	CREEDEN, EDWARD J.		1.2 NAME		THOMAS, THOMAS L. 1607 E. WILLOWAY.	
STREET ADDRESS	18 WHITE OAK DR.				1607 E. BULLOWAY.	\!
CITY-ST-ZIP	SUSSEX NJ			ST-ZIP	WHEATON, IL	Addition
TITLE	DT CMANCON ADTUUD F		2.1 TITLE	-	DYE, CHARLES E. Change	23 Addition
NAME	SWANSON, ARTHUR E		2.2 NAME 2.3 STREET ADORE		ALBUQUERQUE, NM	
STREET ADDRESS	65 BEDDINTON LN			<b>I</b>	HIRECTOL	1
CITY-ST-ZIP TITLE	STRASBURG PA D	<b>™</b> DELETE	2. 4 CITY - 5 3.1 TITLE		DIRECTOR Change	Addition
1	_	M precie	3.2 NAME		HOWER, SAMES M.	E Addition
NAME	HOVSEPIAN, BARKEV		3.2 NAME		7700 DALE AVE.	
STREET ADDRESS	13 HILLSIDE AVENUE				ST. JOSEPH, MO 6456	1
CITY-ST-ZIP	NEEDHAM HGHTS MA	☐ DELETE	3.4. CITY - 5		CHASEMAN DIRECTOR & Change	Addition
1	PD COEENWOOD JOHN E	<i>\(\omega_{\omega}\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</i>	4,1 111LE 4, 2 NAME		COCH-COURT STREET OF DESIGN	- AUGILION
NAME STORET ADDOCES	Greenwood, John E. 607 State Street		4.2 NAME 4.3 STREET	ADDRESS	FREENWOOD DOWN E 607 CRATE DT.	İ
STREET ADDRESS	ALTON IL		4.4 CITY-S		ALTON IL	-
CITY-ST-ZIP TITLE	n ALION IL	DELETE	5.1 TITLE	) - ZIF	Change	Addition
i	_		5.2 NAME		Change	
NAME CIPCET ADDRESS	PETERSON, CLIFFORD L 2120 WOODCREST DRIVE		5.3 STREET	ADDOCCC		İ
STREET ADDRESS	WINTER PARK FL		1	i		
CITY-ST-ZIP TITLE	DS DS	I DELETE	5.4 CITY-S 6.1 TITLE	1-21	Change	Addition
NAME	<del></del>		6.1 HILE 6.2 NAME	}	Sinonge	
I	VICKERS, ROBERT		6.3 STREET	ADDRESS		
STREET ADDRESS	10552 MONTGOMERY, N.E.			- 1		
CITY-ST-ZIP /	ALBUQUERQUE NM pertify that the information supplied with	this filing does not qualify for	6.4 CiTY-S		in Section 119.07(3)(i), 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						

4. 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 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** 

THE TONE ALOUNABINDE E STANSON

1/10/98 (717) 687-625