

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 23, 1999 8:00 am
Secretary of State

02-23-1999 90104 035 ****61.25

0082703

DOCUMENT # 738355

1. Corporation Name

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

104177 - 90104 - 35

Principal Place of Business

65 BEDDINGTON LN
STRASBURG PA 17579
US

Mailing Address

PO BOX 201
STRASBURG PA 17579
US



2. Principal Place of Business

21 **505 HONEY SUCKLE CT.**

2a. Mailing Address

26 **P.O. BOX 295**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

23 **PINE GROVE, PA**

28 **PINE GROVE, PA**

Zip Country

24 **17963** 25

Zip Country

29 **17963** 30

3. Date Incorporated or Qualified

03/15/1977

4. FEI Number

59-1757630

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

**PETERSON, CLIFFORD L
2120 WOODCREST DR
WINTER PARK FL 32792**

10. Name and Address of New Registered Agent

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

TITLE ☐ DELETE
NAME **PD**
STREET ADDRESS **THOMAS, THOMAS L**
CITY-ST-ZIP **1607 E WILLOW AVE
WHEATON IL**

TITLE ☐ DELETE
NAME **DT**
STREET ADDRESS **SWANSON, ARTHUR E**
CITY-ST-ZIP **65 BEDDINGTON LN
STRASBURG PA**

TITLE ☒ DELETE
NAME **D**
STREET ADDRESS **JPWER, KA, ES**
CITY-ST-ZIP **3300 DALE AVE
ST JOSEPH MO 64505**

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

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

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME **DIRECTOR**
3.3 STREET ADDRESS **HOWER, JAMES P.**
3.4 CITY-ST-ZIP **3300 DALE AVE.
ST. JOSEPH, MO 64505**

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

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

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

14. 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)

1/11/99 505(570) 345-4521