

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

Feb 21, 2005 08:00 AM
Secretary of State

DOCUMENT # 738355

1. Entity Name
**THE 8TH AIR FORCE MEMORIAL MUSEUM
FOUNDATION, INC.**



Principal Place of Business
**505 HONEYSUCKLE COURT
PINE GROVE, PA 17963 US**

Mailing Address
**P.O. BOX 295
PINE GROVE, PA 17963 US**



02152005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1757630

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**PETERSON, MARY E
2120 WOODCREST DR
WINTER PARK, FL 32792**

**DO NOT WRITE
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

000000237852
02/21/05-80071-020 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD THOMAS, THOMAS L 1607 E WILLOW AVE WHEATON, IL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT SWANSON, ARTHUR E 505 HONEYSUCKLE CT. PINE GROVE, PA 17963
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KUEPPERS, EDWARD A 649 SMITH AVE SOUTH SAINT PAUL, MN 55107
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GREENWOOD, JOHN E. 607 STATE STREET ALTON, IL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PETERSON, MARY E 2120 WOODCREST DRIVE WINTER PARK, FL 32792
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS VICKERS, ROBERT 10552 MONTGOMERY, N.E. ALBUQUERQUE, NM

**DO NOT WRITE
IN THIS SPACE**

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: **Arthur E. Swanson**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/16/05 570-345-483