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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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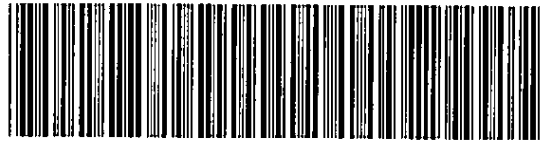
(Business Entity Name)

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## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Air Force Sergeants Association, Inc. Chapter 559  
\_\_\_\_\_  
Name of Corporation – must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Not for Profit Corporation for Authorization to Conduct its Affairs in Florida", "Certificate of Existence", or "Certificate of Status" and check are submitted to register the above referenced not for profit corporation to conduct its affairs in Florida.

Please return all correspondence concerning this matter to the following:

Richard S. Wiggs

\_\_\_\_\_  
Name of Person

Air Force Sergeants Association, Inc. Chapter 559

\_\_\_\_\_  
Firm/Company

Mr. Rick Wiggs

15664 Forest Trail Road

\_\_\_\_\_  
Address

Jacksonville FL 32234

\_\_\_\_\_  
City/State and Zip Code

rswiggs52@comcast.net

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Rick Wiggs

\_\_\_\_\_  
Name of Person

at ( 904 )  
Area Code

703-0601

\_\_\_\_\_  
Daytime Telephone Number

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☒ \$70.00 Filing Fee    ☐ \$78.75 Filing Fee & Certificate of Status    ☒ \$78.75 Filing Fee & Certified Copy    ☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy

**APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO  
CONDUCT ITS AFFAIRS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO  
REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN  
THE STATE OF FLORIDA:*

1. Air Force Sergeants Association, Inc.

(Name of corporation: must include the word "INCORPORATED" or "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present. "Company" or "Co." may not be used as a corporate suffix by a nonprofit corporation.)

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Maryland 3. 52-1246750  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. February 9, 1973 5. \_\_\_\_\_  
(Date of Incorporation) (Date of duration, if other than perpetual)

6. \_\_\_\_\_  
(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability.)

7. 15664 Forest Trail Road, Jacksonville FL 32234  
(Principal office street address)

\_\_\_\_\_  
(Current mailing address, if different)

8. Nonprofit to support the well-being of Air Force enlisted personnel and their families  
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

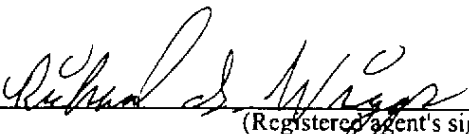
9. Name and street address of Florida registered agent: (P.O. Box **NOT** acceptable)

Name: Richard S. Wiggs

Office Address: 15664 Forest Trail Road  
Jacksonville FL \_\_\_\_\_, Florida 32234  
(City) (Zip Code)

10. Registered agent's acceptance:

*Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

  
(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

**A. DIRECTORS**

<input type="checkbox"/> Chairman	Name: <u>RICHARD WIGGS</u>	<input type="checkbox"/> Chairman	Name: <u>JOHN L. RAMSEY</u>
<input type="checkbox"/> Vice Chairman	Address: <u>15664 FOREST TRAIL RD</u>	<input type="checkbox"/> Vice Chairman	Address: _____
<input type="checkbox"/> Director	<u>JACKSONVILLE, FL 32234</u>	<input type="checkbox"/> Director	<u>2104 <del>3014</del> CANTERBURY LANE</u>
<input checked="" type="checkbox"/> President	_____	<input type="checkbox"/> President	<u>FERNANDINA BEACH, FL</u>
<input type="checkbox"/> Vice President	_____	<input checked="" type="checkbox"/> Vice President	<u>32034</u>
<input type="checkbox"/> Secretary	<input type="checkbox"/> Treasurer	<input type="checkbox"/> Secretary	<input type="checkbox"/> Treasurer
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____

<input type="checkbox"/> Chairman	Name: <u>STEVE SPICHER</u>	<input type="checkbox"/> Chairman	Name: <u>JOE SPENCE</u>
<input type="checkbox"/> Vice Chairman	Address: _____	<input type="checkbox"/> Vice Chairman	Address: _____
<input type="checkbox"/> Director	<u>9080 SOUTHWALK DR</u>	<input type="checkbox"/> Director	<u>417 CAMELIA ST</u>
<input type="checkbox"/> President	<u>JACKSONVILLE, FL</u>	<input type="checkbox"/> President	<u>ST. AUGUSTINE, FL</u>
<input type="checkbox"/> Vice President	<u>32257</u>	<input type="checkbox"/> Vice President	<u>32086</u>
<input type="checkbox"/> Secretary	<input type="checkbox"/> Treasurer	<input type="checkbox"/> Secretary	<input type="checkbox"/> Treasurer
<input checked="" type="checkbox"/> Other: <u>1ST TRUSTEE</u>	<input type="checkbox"/> Other: <u>DECEASED</u>	<input checked="" type="checkbox"/> Other: <u>2ND TRUSTEE</u>	<input type="checkbox"/> Other: _____

<input type="checkbox"/> Chairman	Name: <u>JAMES JY2</u>	<input type="checkbox"/> Chairman	Name: <u>KEVIN WALL</u>
<input type="checkbox"/> Vice Chairman	Address: _____	<input type="checkbox"/> Vice Chairman	Address: _____
<input type="checkbox"/> Director	<u>391 DUNES OF AMELIA DR</u>	<input type="checkbox"/> Director	<u>11224 CLOVERFIELD CDR. EAST</u>
<input type="checkbox"/> President	<u>FERNANDINA BEACH, FL</u>	<input type="checkbox"/> President	<u>JACKSONVILLE, FL</u>
<input type="checkbox"/> Vice President	<u>32034</u>	<input type="checkbox"/> Vice President	<u>32257</u>
<input checked="" type="checkbox"/> Secretary	<input type="checkbox"/> Treasurer	<input type="checkbox"/> Secretary	<input checked="" type="checkbox"/> Treasurer
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____

**NOTE: Important Notice:** Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

13. Richard S. Wiggs  
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. RICHARD S. WIGGS  
(Typed or printed name and capacity of person signing application)

# **STATE OF MARYLAND**

## ***Department of Assessments and Taxation***

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I, MICHAEL L. HIGGS OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF THE STATE OF MARYLAND, DO HEREBY CERTIFY THAT THE DEPARTMENT, BY LAWS OF THE STATE, IS THE CUSTODIAN OF THE RECORDS OF THIS STATE RELATING TO THE FORFEITURE OR SUSPENSION OF CORPORATE CHARTERS, OR THE RIGHTS OF CORPORATIONS TO TRANSACT BUSINESS IN THIS STATE AND THAT I AM THE PROPER OFFICER TO EXECUTE THIS CERTIFICATE.

I FURTHER CERTIFY THAT AIR FORCE SERGEANTS ASSOCIATION (F00850545) , QUALIFIED FEBRUARY 09, 1973, IS A CORPORATION DULY INCORPORATED AND EXISTING UNDER AND BY VIRTUE OF THE LAWS OF THE STATE OF DISTRICT OF COLUMBIA AND THE CORPORATION HAS FILED ALL ANNUAL REPORTS REQUIRED, HAS NO OUTSTANDING LATE FILING PENALTIES ON THOSE REPORTS, AND HAS A RESIDENT AGENT. THEREFORE, THE CORPORATION IS AT THE TIME OF THIS CERTIFICATE IN GOOD STANDING WITH THIS DEPARTMENT AND DULY AUTHORIZED TO EXERCISE ALL THE POWERS RECITED IN ITS CHARTER OR CERTIFICATE OF INCORPORATION, AND TO TRANSACT INTERSTATE, INTRASTATE AND FOREIGN BUSINESS IN MARYLAND.

IN WITNESS WHEREOF, I HAVE HEREUNTO SUBSCRIBED MY SIGNATURE AND AFFIXED THE SEAL OF THE STATE DEPARTMENT OF ASSESSMENTS AND TAXATION OF MARYLAND AT BALTIMORE ON THIS JUNE 16, 2022.



Michael L. Higgs  
Director



*301 West Preston Street, Baltimore, Maryland 21201*  
*Telephone Baltimore Metro (410) 767-1340 / Outside Baltimore Metro (888) 246-5941*  
*MRS (Maryland Relay Service) (800) 735-2258 TT/Voice*

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