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CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 30 AM 9:34

DOCUMENT # F93000001055 (3)

1. Corporation Name
AIRMEN MEMORIAL FOUNDATION, INC.

Principal Place of Business	Mailing Address
5211 AUTH ROAD SUITLAND MD 20746	5211 AUTH ROAD SUITLAND MD 20746

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/25/1993
3a. Date of Last Report: 02/09/1994
4. FEI Number: 52-1325392 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

MAYNARD, ROBERT E
8420 SUNSET DR.
ORLANDO FL 32819-3227

10. Name and Address of New Registered Agent

81 Name: NO CHANGE
82 Street Address (P.O. Box Number is Not Acceptable):
83
84 City: FL 85 Zip Code:

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD	1.1 TITLE	☐ Change ☐ Addition
NAME	STATON, JAMES D	1.2 NAME	
STREET ADDRESS	5211 AUTH ROAD	1.3 STREET ADDRESS	
CITY-ST-ZIP	SUITLAND MD 20746	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	ANDREWS, ARTHUR L	2.2 NAME	
STREET ADDRESS	1134 NORFOLK DR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	ACWORTH GA 30102	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	BURDETSKY, BEN	3.2 NAME	
STREET ADDRESS	4619 N. DITTMAR RD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	ARLINGTON VA 22207	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	D ☒ Change ☐ Addition
NAME	GAMMON, DONALD E	4.2 NAME	CAMPANALE, DAVID J.
STREET ADDRESS	5860 NORTHWEST U.S . HWY. 99W	4.3 STREET ADDRESS	1149 DAWSON CT.
CITY-ST-ZIP	CORVALLIS OR 97330	4.4 CITY-ST-ZIP	ANDREWS AFB, MD 20335
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	GAYLOR, ROBERT D	5.2 NAME	
STREET ADDRESS	12343 MAPLETREE DR.	5.3 STREET ADDRESS	
CITY-ST-ZIP	SAN ANTONIO TX 78249	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	HARLOW, DONALD L	6.2 NAME	
STREET ADDRESS	310 RILEY ST.	6.3 STREET ADDRESS	
CITY-ST-ZIP	FALLS CHURCH VA 22046	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)(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: JAMES D. STATON January 19, 1995
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0073891