

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 08, 2007 08:00 AM
Secretary of State

DOCUMENT # N04000004940

1. Entity Name
**THE 35TH INFANTRY (CACTI) REGIMENT ASSOCIATION,
INC.**



Principal Place of Business
**1736 S.W 2ND ST
FORT LAUDERDALE, FL 33312**

Mailing Address
**455 COUNTY RD. 177
KILLEN, AL 35645**

DO NOT WRITE IN THIS SPACE



01052007 No Chg-NP CR2E037 (4/06)

4. FEI Number 27-0091566	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**KURTGIS, MICHAEL P
1736 S.W. 2ND ST
FORT LAUDERDALE, FL 33312**

**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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HALL, JAMES K 1355 N. BOROARD ST WOODBURY, NJ 08096
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BIRROW, PETER J 37 FLINT RD. TYNGSBORO, MA 01879
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BROWN, CHARLES W 455 COUNTY RD. 177 KILLEN, AL 35645
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HENSON, WILLIAM H 3680 CHRISFIELD DR ROCKY RIVER, OH 44116
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000628882
02/16/07-80033-020 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Charles W. Brown
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/2/07 (256)757-3828
Date Daytime Phone #