


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2008 8:00 am
Secretary of State

01-14-2008 90083 016 ****61.25

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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

40002936



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

01052008 Chg-NP CR2E037 (12/06)

City & State

4. FEI Number
 27-0091566

Applied For
 Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired \$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

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL Zip Code

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

Filing Fee is \$61.25 Due by May 1, 2008

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HALL, JAMES K	
STREET ADDRESS	1355 N. BROAD ST	
CITY-ST-ZIP	WOODBURY, N.J. 08096	
TITLE	VP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JIM N. ANDERSON	
STREET ADDRESS	4719 MT BAKER LOOP	
CITY-ST-ZIP	MT VERNON, WA 98273	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 Charles W. Brown 1/8/08 (256) 797-3828
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #