2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2005
Secretary of State

DOCUMENT# N04000010189

Entity Name: FLORIDA CHAPTER-SOCIETY/ASSOCIATION OF THE 173RD AIRBORNE BRIGADE, INCORPORATED

Current Principal Place of Business:

1104 BAHAMA DRIVE
ORLANDO, FL 32806

New Principal Place of Business:

Current Mailing Address:

1104 BAHAMA DRIVE
ORLANDO, FL 32806

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

VOSE, WILLIAM C
1104 BAHAMA DRIVE
ORLANDO, FL 32806 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: BRADLEY, JAMES
Address: 5640 WELLFIELD ROAD
City-St-Zip: NEW PORT RICHEY, FL 34655

Title: V (X) Delete
Name: VASSOLI, STEVE
Address: 1104 BAHAMA DRIVE
City-St-Zip: ORLANDO, FL 32806

Title: SD ( ) Delete
Name: VOSE, WILLIAM C
Address: 1104 BAHAMA DRIVE
City-St-Zip: ORLANDO, FL 32806

Title: TD ( ) Delete
Name: KLINGER, WILLIAM
Address: 13004 SMOKETREE WAY
City-St-Zip: HUDSON, FL 34667

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VPTD (X) Change ( ) Addition
Name: KLINGER, WILLIAM
Address: 13004 SMOKETREE WAY
City-St-Zip: HUDSON, FL 34667

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM C. VOSE S 04/26/2005

Electronic Signature of Signing Officer or Director — Date