## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N0600000330

FILED Jan 04, 2008 Secretary of State

Entity Name: WAY OF LIFE AFFINITY GROUP OF THE U.S.A.F. ACADEMY ASSOCIATIONS OF GRADUATES, **Current Principal Place of Business: New Principal Place of Business:** 3061 SW 189TH TERRACE MIRAMAR, FL 33029 **Current Mailing Address: New Mailing Address:** 3061 SW 189TH TERRACE MIRAMAR, FL 33029 FEI Number: 20-4136922 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: HALL, RICHARD P 3061 SW 189TH TERRACE MIRAMAR, FL 33029 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: **PRES** () Delete () Change () Addition HALL, RICHARD P Name: Name: 3061 SW 189TH TERRACE Address: Address: MIRAMAR, FL 33029 US City-St-Zip: City-St-Zip: Title: BOD () Delete Title: () Change () Addition BUSH, CHARLES V Name: Name: Address: 22261 SUMMIT VUE Address: City-St-Zip: WOODLAND HILLS, CA 91367 US City-St-Zip: Title: BOD Title: () Change () Addition () Delete GUNN, WILL Name: Name: 9119 LAKE TOWER LANE Address: Address: City-St-Zip: FORT BELVOIR, VA 22060 US City-St-Zip: Title: BOD ( ) Delete Title: () Change () Addition Name: COLVIN, JAMES Name: 1895 SPRINGCREST DRIVE Address: Address: City-St-Zip: COLORADO SPRINGS, CO 80920 US City-St-Zip: Title: BOD () Delete Title: () Change () Addition ECUNG, MAURICE Name: Name:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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.

Address:

Title:

Name:

Address:

City-St-Zip:

City-St-Zip:

SIGNATURE: RICHARD P. HALL PRES 01/04/2008

22369 WEST THURMAN AVENUE

() Delete

PORTERVILLE, CA 93257 US

WALLACE, FRANK

5900 WALSH ROAD

MEMPHIS, TN 38053 US

Address:

Title:

Name:

Address:

City-St-Zip:

City-St-Zip:

() Change () Addition