

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 30, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # N09460**

1. Entity Name

503RD PARACHUTE REGIMENTAL COMBAT TEAM  
ASSOCIATION, WORLD WAR II, INC.



Principal Place of Business

518 ONE CENTER BLVD.  
APT 112  
ALTAMONTE SPRINGS FL 32701  
US

Mailing Address

518 ONE CENTER BLVD.  
APT 112  
ALTAMONTE SPRINGS FL 32701  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2536280

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LINTON, MAURICE S.  
518 ONE CENTER BLVD.  
APT 112  
ALTAMONTE SPRINGS FL 32701

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

*Maurice S. Linton*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

*03-27-05*

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2005**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P ☐ Delete  
NAME PITENGER, JACK L  
STREET ADDRESS 2117 VIA PUERTO #B  
CITY- ST- ZIP LAGUNA HILLS CA 92653

TITLE ☐ Change ☐ Addition  
NAME ☐ Change ☐ Addition  
STREET ADDRESS 000000280808  
CITY- ST- ZIP 03/30/05-50035-004 61.25

TITLE VP ☐ Delete  
NAME FLYNN, ROBERT J  
STREET ADDRESS 1302 MARLBROOK LANE  
CITY- ST- ZIP LANSDALE PA 19446

TITLE ☐ Change ☐ Addition  
NAME ☐ Change ☐ Addition  
STREET ADDRESS ☐ Change ☐ Addition  
CITY- ST- ZIP ☐ Change ☐ Addition

TITLE RST ☐ Delete  
NAME LINTON, MARGE N  
STREET ADDRESS 518 ONE CENTER BLVD. APT. 112  
CITY- ST- ZIP ALTAMONTE SPRINGS FL 32701-2234

TITLE ☐ Change ☐ Addition  
NAME ☐ Change ☐ Addition  
STREET ADDRESS ☐ Change ☐ Addition  
CITY- ST- ZIP ☐ Change ☐ Addition

TITLE ST ☐ Delete  
NAME LINTON, MAURICE S  
STREET ADDRESS 518 ONE CENTER BLVD. APT. 108  
CITY- ST- ZIP ALTAMONTE SPRINGS FL 32701

TITLE ☐ Change ☐ Addition  
NAME ☐ Change ☐ Addition  
STREET ADDRESS ☐ Change ☐ Addition  
CITY- ST- ZIP ☐ Change ☐ Addition

TITLE D ☐ Delete  
NAME LYLE, KENNETH G  
STREET ADDRESS 1944 DETWILLER RD BOX 72  
CITY- ST- ZIP CEDARS PA 19423

TITLE ☐ Change ☐ Addition  
NAME ☐ Change ☐ Addition  
STREET ADDRESS ☐ Change ☐ Addition  
CITY- ST- ZIP ☐ Change ☐ Addition

TITLE D ☐ Delete  
NAME LLEWELLYN, RALPH E DDS  
STREET ADDRESS 210 N HUNT ST  
CITY- ST- ZIP TERRE HAUTE IN 47803

TITLE ☐ Change ☐ Addition  
NAME ☐ Change ☐ Addition  
STREET ADDRESS ☐ Change ☐ Addition  
CITY- ST- ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

*Maurice S. Linton* MAURICE S. LINTON

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*03-27-05*

*707 263-3077*