2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 21, 2008 8:00 am
Secretary of State
04-21-2008 90045 042 ****61.25

DOCUMENT # N09460

1. Entity Name

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

Principal Place of Business	Mailing Address
34 GARDEN MAIL CT INGLIS FL 34449 US	34 GARDEN MAIL CT INGLIS FL 34449 US

1st MOORE CR2E037 (10/07)

2. Principal Place of Business - No P.O. Box #	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

BREIT, CHARLES E
34 GARDEN MALL CT
INGLIS FL 34449

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)

FILE NOW: 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PDC BREIT, CHARLES E 34 GARDEN MAIL CT INGLIS FL.34449	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD MARGEE LINTON 613 TRUESDELL AVE. ALTAMONTE SPRINGS, FL. 32701-2234	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD LINTON, MAURICE S 613 TRVESDELL AVE. ALTAMONTE SPRINGS FL 32701-2234	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D NELSON GATEWOOD 2817 HIGHWAY 62-412 HIGHLAND, AR. 72542-9455	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DAVIS, DUANE 1856 GUTHRIE RD MANISTEE MI 49660-9705	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD LYLE, KENNETH G 1944 DETWILLER RD BOX 72 CEDARS PA 19423	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LLEWELLYN, RALPH E DDS 210 N HUNT ST TERRE HAUTE IN 47803	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 E. Breit CHARLES E. BREIT

SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL