## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N11625

FILED Mar 23, 2009 Secretary of State

Entity Name: 392 BOMB GROUP MEMORIAL ASSOCIATION, INC.

**Current Principal Place of Business: New Principal Place of Business:** 9107 WOOD POINTE WAY FAIRFAX STATION, VA 22039 **Current Mailing Address: New Mailing Address:** 9107 WOOD POINTE WAY FAIRFAX STATION, VA 22039 FEI Number: 59-2644370 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: CHEEK, MICHAEL C 480 POÍNSETTIA ROAD BELLEAIR, FL 33756 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: () Delete (X) Change ( ) Addition DYE, CHARLES E GOAR, JAMES V Name: Name: 300 VALENCIA DRIVE, SE #101 Address: 1555 N. MAIN ST., #106 Address: City-St-Zip: ALBUQUERQUE, NM 87108 City-St-Zip: FRANKFORT, IN 46041 Title: Title: ( ) Delete () Change () Addition MACKEY, OAK Name: Name: Address: 6406 E. PRESIDIO Address: City-St-Zip: MESA, AZ 85215 City-St-Zip: Title: () Delete Title: () Change () Addition TISON, ANNETTE L Name: Name: 9107 WOOD POINTE WAY Address: Address: City-St-Zip: FAIRFAX STATION, VA 22039 City-St-Zip: Title: Title: () Change () Addition ( ) Delete Name: PERRY, THOMAS SR Name: 441-D HERITAGE VILLAGE Address: Address: City-St-Zip: SOUTHBURY, CT 06488 City-St-Zip: Title: () Delete Title: (X) Change ( ) Addition GILBERT, LAWRENCE G CHEEK, CARROLL W Name: Name: 1505 MAYFLOWER CT 1180 GULF BLVD. #2206 Address: Address: City-St-Zip: WINTER PARK, FL 32792 City-St-Zip: CLEARWATER, FL 33767 Title: () Delete Title: (X) Change ( ) Addition GOAR, JAMES V BOOKS, ROBERT D Name: Name: Address: 1555 N. MAIN STREET, #106 Address: 1432 LITTLE CREEK DR.

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.

City-St-Zip:

PENSACOLA, FL 32506

SIGNATURE: ANNETTE L. TISON S 03/23/2009

FRANKFORT, IN 46041

City-St-Zip: