

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 26, 2007 8:00 am**  
**Secretary of State**

02-26-2007 90082 010 \*\*\*\*61.25

**DOCUMENT # N18624**

1. Entity Name

THE 466TH BOMB GROUP ASSOCIATION, INC.



Principal Place of Business

Mailing Address

8136 COZYCROFT AVENUE  
CANOGA PARK CA 91306-1712

8136 COZYCROFT AVENUE  
CANOGA PARK CA 91306-1712

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

65-0028511

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 ~~Current~~ **ALTERNATE** Registered Agent

D'LUGOS, DONALD A.  
216 DOLPHIN STREET  
GULF BREEZE FL 32561

Name **CASHMAN, JOHN**

Street Address (P.O. Box Number is Not Acceptable)  
**3267 BEECHBERRY CIRCLE**

City **DAVIE**

FL

Zip Code  
**33328**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2007**

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 ☒ **STD** ☐ Delete  
NAME MAIDEN, ELMOE  
STREET ADDRESS 8136- COZYCROFT AVE.  
CITY- ST- ZIP CANOGA PARK CA 91306-1712

TITLE ☐ **PD** ☐ Change ☒ Addition  
NAME BAYNES, RICHARD C.  
STREET ADDRESS 19191 HARVARD AVE #234  
CITY- ST- ZIP IRVINE, CA 92612-4648

TITLE ☐ **VPD** ☐ Delete  
NAME CAMPBELL, WILLIAM  
STREET ADDRESS 421 WILSON ST.  
CITY- ST- ZIP CLINTON MA 01510-4235

TITLE ☐ **D** ☐ Change ☒ Addition  
NAME BRASSFIELD, CHRIS  
STREET ADDRESS 307 NEWCASTLE LANE  
CITY- ST- ZIP WINCHESTER, KY 50391-2944

TITLE ☐ **D** ☒ **DECEASED 2006** ☐ Delete  
NAME MCNAIR, RUSSELL D  
STREET ADDRESS 26 DORSET DR  
CITY- ST- ZIP KENILWORTH NJ 07033-1417

TITLE ☐ **D** ☐ Change ☒ Addition  
NAME SHARROCK, LES  
STREET ADDRESS 1251 SEITZ DR.  
CITY- ST- ZIP WAUKESHA, WI 53186-6745

TITLE ☐ **D** ☐ Delete  
NAME LYNN, RALPH  
STREET ADDRESS 191 ONEIDA AVE. NW  
CITY- ST- ZIP CANTON OH 44708-5726

TITLE ☐ **D** ☐ Change ☒ Addition  
NAME EARL WASSON  
STREET ADDRESS 548 BRENTWOOD AVE.  
CITY- ST- ZIP BOWLING GREEN, KY 42101-3772

TITLE ☐ **D** ☐ Delete  
NAME LOEVSKY, LOUIS  
STREET ADDRESS 16 HAMILTON DR. EAST N.  
CITY- ST- ZIP CALDWELL NJ 07006-4626

TITLE ☐ **D** ☐ Change ☒ Addition  
NAME HASEMAN, JIM  
STREET ADDRESS 1050 WALLS AVE.  
CITY- ST- ZIP FARRELL, PA 16126-1143

TITLE ☐ **D** ☐ Delete  
NAME HORAN, JOHN J  
STREET ADDRESS 28148 W BIG HOLLOW RD.  
CITY- ST- ZIP INGLESIDE IL 60041-9457

TITLE ☐ **SD** ☐ Change ☒ Addition  
NAME TOMB, BEVERLY  
STREET ADDRESS 2722 GRAYSON PL.  
CITY- ST- ZIP FALLS CHURCH, VA 22043-1617

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: **Elmo E. Maiden, ELMO E. MAIDEN, TREAS. 2/15/07, (818) 341-6943**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #