

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 24 1998 8:00am
Secretary of State

| | | |
|--|---|---|
| NONPROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|--|---|---|

DOCUMENT # **N19026** (6)
1. Corporation Name
THE 493RD BOMBARDMENT GROUP (H) MEMORIAL ASSOCIATION, INC.

Principal Place of Business
**1609 CAMPBELL AVENUE
ORLANDO FL 32806**

Mailing Address
**1609 CAMPBELL AVENUE
ORLANDO FL 32806**

| | |
|--------------------------------|------------------------|
| 2. Principal Place of Business | 2a. Mailing Address |
| 21 Suite, Apt. #, etc. | 26 Suite, Apt. #, etc. |
| 22 City & State | 27 City & State |
| 23 Zip | 28 Zip |
| 24 Country | 29 Country |
| 25 | 30 |

3. Date Incorporated or Qualified
01/30/1987

4. FEI Number
NOT APPLICABLE

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?
☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**SAMSON, ELWOOD H., JR.
1609 CAMPBELL AVENUE
ORLANDO FL 32806**

10. Name and Address of New Registered Agent

| |
|---|
| 81 Name |
| 82 Street Address (P.O. Box Number is Not Acceptable) |
| 83 |
| 84 City |
| 85 Zip Code |

FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

| | | |
|----------------|-------------------------|--|
| TITLE | P | <input checked="" type="checkbox"/> DELETE |
| NAME | DEESE, HAYWOOD F | |
| STREET ADDRESS | 927 HARTFORD AVE | |
| CITY-ST-ZIP | CHARLOTTE NC | |
| TITLE | PE | <input checked="" type="checkbox"/> DELETE |
| NAME | PROTSMAN, NORMAN O | |
| STREET ADDRESS | PO BOX 190 N/A | |
| CITY-ST-ZIP | LIVE OAK FL | |
| TITLE | VP | <input checked="" type="checkbox"/> DELETE |
| NAME | GUALANO, JOSEPH | |
| STREET ADDRESS | 21414 133RD DR | |
| CITY-ST-ZIP | SUN CITY WEST AZ | |
| TITLE | D | <input checked="" type="checkbox"/> DELETE |
| NAME | BRADY, LAWRENCE O | |
| STREET ADDRESS | 118 ROLLING OAKS DR | |
| CITY-ST-ZIP | SOMMERVILLE TN | |
| TITLE | TS | <input checked="" type="checkbox"/> DELETE |
| NAME | SHAW, AMBROSE C. | |
| STREET ADDRESS | 1350 LEE ST. | |
| CITY-ST-ZIP | ARKADELPHIA AR | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | RAMSEY, JOHN | |
| STREET ADDRESS | PO BOX 237 N/A | |
| CITY-ST-ZIP | SAULT ST MARIE MI 49783 | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|--------------------|-------------------------------|--|
| 1.1 TITLE | P | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME | Protsman, Norman O. | |
| 1.3 STREET ADDRESS | PO Box 190 N/A | |
| 1.4 CITY-ST-ZIP | Live Oak, FL 32060 | |
| 2.1 TITLE | PE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2.2 NAME | Rawson, William C. | |
| 2.3 STREET ADDRESS | 5048 Delacroix Rd | |
| 2.4 CITY-ST-ZIP | Rancho Palos Verdes, CA 90274 | |
| 3.1 TITLE | VP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 3.2 NAME | Feller, John W. | |
| 3.3 STREET ADDRESS | 12 Ridgeview Rd | |
| 3.4 CITY-ST-ZIP | Mullins, WV 25882-6220 | |
| 4.1 TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 4.2 NAME | Donaldson Jr, Roy U. | |
| 4.3 STREET ADDRESS | 6311 Sabastian Ct | |
| 4.4 CITY-ST-ZIP | Columbus, OH 43213 | |
| 5.1 TITLE | TS | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | Shaw, Ambrose C | |
| 5.3 STREET ADDRESS | 1020 Village Dr #63 | |
| 5.4 CITY-ST-ZIP | Arkadelphia, AR 71923 | |
| 6.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | | |
| 6.3 STREET ADDRESS | | |
| 6.4 CITY-ST-ZIP | | |

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Signature of John Ramsey
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

17 FEB 1998 (870) 246-7298

CR2E037 (10/97)