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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N19026

1. Corporation Name

THE 493RD BOMBARDMENT GROUP (H) MEMORIAL ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1609 CAMPBELL AVENUE ORLANDO FL 32806	1609 CAMPBELL AVENUE ORLANDO FL 32806

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 01/30/1987
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number NOT APPLICABLE ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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 **FL** 85 Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	PROTSMAN, NORMAN O		1.2 NAME		
STREET ADDRESS	PO BOX 190 N/A		1.3 STREET ADDRESS		
CITY-ST-ZIP	LIVE OAK FL 32060		1.4 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	RAWSON, WILLIAM C		2.2 NAME		
STREET ADDRESS	5048 DELACROIX RD		2.3 STREET ADDRESS		
CITY-ST-ZIP	RANCHO PALOS VERDES CA 90274		2.4 CITY-ST-ZIP		
TITLE	VP	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	FELLER, JOHN W		3.2 NAME		
STREET ADDRESS	12 RIDGEVIEW RD		3.3 STREET ADDRESS		
CITY-ST-ZIP	MULLINS WV 25882-6220		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	DONDLDSON, ROY U JR		4.2 NAME		
STREET ADDRESS	6311 SABASTIAN CT		4.3 STREET ADDRESS		
CITY-ST-ZIP	COLUMBUS OH 43213		4.4 CITY-ST-ZIP		
TITLE	TS	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	SHAW, AMBROSE C		5.2 NAME		
STREET ADDRESS	1020 VILLAGE DR., #63		5.3 STREET ADDRESS		
CITY-ST-ZIP	ARKADELPHIA AR 71923		5.4 CITY-ST-ZIP		
TITLE	D	XX DELETE	6.1 TITLE	D	☐ Change XX Addition
NAME	RAMSEY, JOHN		6.2 NAME	Ruggiero, Arthur J.	
STREET ADDRESS	PO BOX 237 N/A/		6.3 STREET ADDRESS	34 Summit Dr	
CITY-ST-ZIP	SAULT ST MARIE MI		6.4 CITY-ST-ZIP	North Branford, CT 06471	

CR2E037 (11/98)

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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 2/20/99 (870)246-7698
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #