

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 15, 2004 8:00 am**  
**Secretary of State**

04-15-2004 90029 017 \*\*\*\*70.00

**DOCUMENT # N19026**

1. Entity Name

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



Principal Place of Business

**13913 CR 136W  
LIVE OAK FL 32060**

Mailing Address

**PO BOX 190  
LIVE OAK FL 32064**

**34032034**



**MOORE**

**CR2E037 (11/03)**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**NO-T APPLICABLE**

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 New Registered Agent

**PROTSMAN, NORMAN  
13913 CR 136W  
LIVE OAK FL 32060**

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

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, 2004**

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

TITLE **PE** ☐ Delete  
NAME **WEIR, GORDON W**  
STREET ADDRESS **7242 OAKMONT RD**  
CITY-ST-ZIP **SANTA ROSA CA 95409**

TITLE **P** ☒ Delete  
NAME **FELLER, JOHN W**  
STREET ADDRESS **12 RIDGEVIEW ROAD**  
CITY-ST-ZIP **MULLENS WV 25882**

TITLE **VD** ☒ Delete  
NAME **ERLEWIN, GILBERT R**  
STREET ADDRESS **9315 VIA VISTA DRIVE**  
CITY-ST-ZIP **BUENA PARK CA 90620-4132**

TITLE **ST** ☐ Delete  
NAME **SENGER, ROBERT**  
STREET ADDRESS **P.O. BOX 493**  
CITY-ST-ZIP **BRIDGTON ME 04009**

TITLE **D** ☐ Delete  
NAME **NIXON, JOHN H**  
STREET ADDRESS **419 WINDSOR DR**  
CITY-ST-ZIP **BIRMINGHAM AL 35204**

TITLE **D** ☒ Delete  
NAME **HUSAK, VICTOR**  
STREET ADDRESS **3040 GRANADA COURT #16**  
CITY-ST-ZIP **CAMERON PARK CA 95682**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **PE** ☒ Change ☒ Addition  
NAME **GILBERT, ERIEWIN R.**  
STREET ADDRESS **9315 VIA VISTA DRIVE**  
CITY-ST-ZIP **BUENA PARK, CA 90620-4132**

TITLE **VD** ☐ Change ☒ Addition  
NAME **BOULLEMET, FRANK A**  
STREET ADDRESS **119 MAIN STREET**  
CITY-ST-ZIP **OXFORD, AL 36203**

TITLE **D** ☒ Change ☒ Addition  
NAME **PROTSMAN, NORMAN**  
STREET ADDRESS **13913 CR 136W**  
CITY-ST-ZIP **LIVE OAK, FL 32060**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Change ☒ Addition  
NAME **SARINA, JOE J**  
STREET ADDRESS **2103 NORTH PRICE #113**  
CITY-ST-ZIP **FRESNO, CA 93703**

12. 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 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:**

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

**4-14-04**

**386 362 6093**

Date

Daytime Phone #