

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 01, 2005 8:00 am**  
**Secretary of State**

03-01-2005 90081 033 \*\*\*\*61.25

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<b>DOCUMENT # N40121</b> 1. Entity Name <b>MARINE CORPS AVIATION RECONNAISSANCE ASSOCIATION INCORPORATED</b>					
Principal Place of Business <b>4687 ASPEN LANE</b> <b>TAYLORSVILLE, UT 84123 US</b>			Mailing Address <b>4687 ASPEN LANE</b> <b>TAYLORSVILLE, UT 84123 US</b>		
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 <b>81-1212888</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>FRITSCHI, GEORGE W.</b> <b>243 DANIELS ROAD</b> <b>WINTER GARDEN, FL 34787</b>				Name  Street Address (P.O. Box Number is Not Acceptable)  City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
<b>Make check payable to</b> <b>Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PDC</b> <b>MELCHER, PAUL</b> <b>136 LAND O LAKES CIRCLE</b> <b>LEXINGTON, SC 29073</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PDC</b> <b>FRITSCHI, GEORGE W.</b> <b>243 DANIELS ROAD</b> <b>WINTER GARDEN, FL. 34787</b>	
	<input checked="" type="checkbox"/> Delete			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>STD</b> <b>GORDON, WILLIAM H.</b> <b>4687 ASPEN LANE</b> <b>TAYLORSVILLE, UT 84123</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> <b>FRITSCHI, GEORGE W</b> <b>243 DANIELS ROAD</b> <b>WINTER GARDEN, FL 34787</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> <b>BISHOP, CHARLES R.</b> <b>P.O. BOX 488</b> <b>ELKHART, TX. 75839</b>	
	<input checked="" type="checkbox"/> Delete			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SISAK, PAUL V</b> <b>311 STATE RT. 29</b> <b>MIDDLEVILLE, NY 13406</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>HELANDER, GORDON E</b> <b>87 MAGNA LANE</b> <b>WESTBROOK, CT 06498</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>KIKER, MORGAN C.</b> <b>2882 BOLD RIVER DRIVE</b> <b>CANTONMENT, FL. 32533-8355</b>	
	<input checked="" type="checkbox"/> Delete			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BLOOMER, WILLIAM A</b> <b>9203 CROSS OAKS CT.</b> <b>FAIRFAX STATION, VA</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>8733 NORTH RIDGE COURT</b> <b>WICHITA, KS 67205</b>	
	<input type="checkbox"/> Delete			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
<b>SIGNATURE: <u>William H Gordon</u>      2/26/05      801 261-4011</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #</small>					