

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 25, 2003 8:00 am**  
**Secretary of State**

02-25-2003 90125 011 \*\*\*\*61.25

**DOCUMENT # N40121**

1. Entity Name

**MARINE CORPS AVIATION RECONNAISSANCE ASSOCIATION  
INCORPORATED**



Principal Place of Business

**4687 ASPEN LANE  
TAYLORSVILLE UT 84123  
US**

Mailing Address

**4687 ASPEN LANE  
TAYLORSVILLE UT 84123  
US**

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 **81-1212888**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**FRITSCHI, GEORGE W.  
243 DANIELS ROAD  
WINTER GARDEN FL 34787**

7. Name and Address of New Registered Agent

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**

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 **VD**  
NAME **MELCHER, PAUL**  
STREET ADDRESS **136 LAND O LAKES CIRCLE**  
CITY-ST-ZIP **LEXINGTON SC 29073**  
☐ Delete

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

TITLE **STD**  
NAME **GORDON, WILLIAM H.**  
STREET ADDRESS **4687 ASPEN LANE**  
CITY-ST-ZIP **TAYLORSVILLE UT 84123**  
☐ Delete

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

TITLE **PDC**  
NAME **DOYLE, JIM**  
STREET ADDRESS **1845 EDEN WAY**  
CITY-ST-ZIP **VIRGINIA BCH VA 23454**  
☒ Delete

TITLE **VD**  
NAME **FRITSCHI, GEORGE W.**  
STREET ADDRESS **243 DANIELS ROAD**  
CITY-ST-ZIP **WINTER GARDEN, FL 34787**  
☐ Change ☒ Addition

TITLE **D**  
NAME **CONROY, MICKEY R.**  
STREET ADDRESS **2520 N. LINWOOD AVE.**  
CITY-ST-ZIP **SANTA ANA CA**  
☒ Delete

TITLE **D**  
NAME **SISAK, PAUL V.**  
STREET ADDRESS **311 STATE ST. 29**  
CITY-ST-ZIP **MIDDLEVILLE N.Y. 13406**  
☐ Change ☒ Addition

TITLE **D**  
NAME **DEATON, JACK**  
STREET ADDRESS **210 FOREST HILL**  
CITY-ST-ZIP **HAVELOCK NC 28532**  
☒ Delete

TITLE **D**  
NAME **HELANDER, GORDEN E.**  
STREET ADDRESS **87 MAGNA LANE**  
CITY-ST-ZIP **WESTBROOK, CT. 06498**  
☐ Change ☒ Addition

TITLE **D**  
NAME **BLOOMER, WILLIAM A**  
STREET ADDRESS **9203 CROSS OAKS CT.**  
CITY-ST-ZIP **FAIRFAX STATION VA**  
☐ Delete

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

SIGNATURE: **WILLIAM H. GORDON**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER

**Feb 21, 2003 801 261-4011**

CR2E037 (10/02)