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Feb 05 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N40582 (1)

1. Corporation Name

1876TH ENGINEER AVIATION BATTALLION REUNION ASSOC
IATION, INC.

Principal Place of Business

Mailing Address

9192 YULETREE DRIVE 167 FLAMINGO RD, EDgewater FL 32141-7206
9192 YULETREE DRIVE 167 FLAMINGO RD, EDgewater FL 32141-6024 -7206



3. Date Incorporated or Qualified
10/29/1990

3a. Date of Last Report
05/20/1996

2. Principal Place of Business

2a. Mailing Address

21 167 FLAMINGO RD

26 167 FLAMINGO RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 EDgewater FL

28 EDgewater FL

Zip

Country

Zip

Country

24 32141-7206

25 USA

29 32141-7206

30 USA

4. FEI Number
65-0228770

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

D'AIELLO, FRANK J

9192 YULETREE DRIVE 167 FLAMINGO RD,
EDGEWATER FL 32141-7206

81 Name

FRANK J D'AIELLO

82 Street Address (P.O. Box Number is Not Acceptable)

167 FLAMINGO RD

83

84 City

EDGEWATER FL

FL

85 Zip Code

32141-7206

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 of registered agent or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE

NAME SHIMP, NATHAN B

STREET ADDRESS RT. #3, BOX 91F

CITY-ST-ZIP PALMYRA MO 63961

TITLE VD ☐ DELETE

NAME WILSON, CHARLES H

STREET ADDRESS 9131 E. 85TH STREET

CITY-ST-ZIP TULSA OK 74137

TITLE TD ☐ DELETE

NAME SEISER, ORVILLE H

STREET ADDRESS 702 S. MERIDIAN DRIVE, SPACE 328

CITY-ST-ZIP APACHE JUNCTION AZ 85220

TITLE SD ☐ DELETE

NAME MOSIER, MONIE

STREET ADDRESS RT. #3, BOX 365

CITY-ST-ZIP GEORGETOWN IN 47122

TITLE D ☐ DELETE

NAME MINER, JOHN E

STREET ADDRESS 3804 WYNDSONG TRAIL

CITY-ST-ZIP LEXINGTON KY 40514

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do 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:

John E. Miner
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/24/97

606-223-2043

Date

Daytime Phone

CR2E037 (9/96)