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CORPORATION ANNUAL REPORT
1995

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 27 PM 4:10

DOCUMENT # N51470 (5)

1. Corporation Name
GULF COAST ALL AIRBORNE, CHAPTER 82ND AIRBORNE D IVISION ASSOCIATION, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
1120 SW 51 TER CAPE CORAL FL 33914-7057	1120 SW 51 TER CAPE CORAL FL 33914-7057

3. Date Incorporated or Qualified: 10/23/1992
3a. Date of Last Report: 01/28/1994
4. FEI Number: 51-0228357 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

JOHNSON, ELWOOD
1120 SW 51 TER
CAPE CORAL FL 33914-7057

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 607.0502 and 607.1508, 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 607.0505, 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	PD	1.1 TITLE	PD ☐ Change ☐ Addition
NAME	BASS, JOSEPH	1.2 NAME	McGOWAN, ANDREW
STREET ADDRESS	40991 HORSE ROAD	1.3 STREET ADDRESS	4441 25th AVENUE SW
CITY-ST-ZIP	PUNTA GORDA FL	1.4 CITY-ST-ZIP	NAPLES, FL. 33999
TITLE	VD	2.1 TITLE	VD ☐ Change ☐ Addition
NAME	CREGER, ROBERT E	2.2 NAME	SUTERA, ANTHONY
STREET ADDRESS	16882 BOBCAT DRIVE	2.3 STREET ADDRESS	1332 RAMSDEL STREET
CITY-ST-ZIP	FORT MYERS FL	2.4 CITY-ST-ZIP	PORT CHARLOTTE, FL. 33952
TITLE	STD	3.1 TITLE	☐ Change ☐ Addition
NAME	JOHNSON, ELWOOD	3.2 NAME	
STREET ADDRESS	1120 SW 51ST TERRACE	3.3 STREET ADDRESS	
CITY-ST-ZIP	CAPE CORAL FL	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Elwood Johnson ELWOOD JOHNSON 1-19-95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date

813-549-0568
Daytime Phone #

0089744