

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N92000000635

FILED
Jan 25, 2004
Secretary of State

Entity Name: USAF PILOT TRAINING CLASS 52-G ASSOCIATION, INC.

Current Principal Place of Business:

49 LAKE LORRANE CIRCLE
SHALIMAR, FL 32579

New Principal Place of Business:

Current Mailing Address:

49 LAKE LORRANE CIRCLE
SHALIMAR, FL 32579

New Mailing Address:

FEI Number: 65-0362523

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MILLER, CYRUS C JR
49 LAKE LORRAINE CIRCLE
SHALIMAR, FL 32579 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: HAZEL, PATRICK A
Address: 180 SE LAUREL CT
City-St-Zip: ROSEBURG, OR 97470

Title: VP () Delete
Name: NEWSTROM, HEBERT M
Address: 114 SPRING EDGE
City-St-Zip: MONTGOMERY, TX 77356

Title: T () Delete
Name: MILLER, CYRUS C JR
Address: 49 LAKE LORRAINE CIR
City-St-Zip: SHALIMAR, FL 32579

Title: D () Delete
Name: GWINN, TOM
Address: 251 E MAULDING AVE
City-St-Zip: LAS VEGAS, NV

Title: S () Delete
Name: PRESLEY, RANDY
Address: P.O. BOX 1238 1805 N JEFFERSON ST
City-St-Zip: MT PLEASANT, TX 75456

Title: D () Delete
Name: MACCALLUM, DOUG
Address: 929 TAAMWAY LANE NE
City-St-Zip: ALBUQUERQUE, NM 87122

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CYRUS C MILLER JR

T

01/25/2004

Electronic Signature of Signing Officer or Director

Date