

FILE NOW: FILING FEE IS \$61.25

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May 01 1998 8:00am
Secretary of State

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| NONPROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # **N94000004238 (1)**

1. Corporation Name

AIR COMMANDO FOUNDATION, INC.



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| Principal Place of Business 2 DAVID ST. STE B FT WALTON BEACH FL 32547 | Mailing Address 2 DAVID ST. STE B FT WALTON BEACH FL 32547 |
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|---|----------------------------------|
| 2. Principal Place of Business 21 | 2a. Mailing Address 26 |
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 |
| City & State 23 | City & State 28 |
| Zip 24 | Country 25 |
| Country 29 | Zip 30 |

| | |
|--|--|
| 3. Date Incorporated or Qualified 08/25/1994 | |
| 4. FEI Number 59-3270780 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |

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| 9. Name and Address of Current Registered Agent CONRAN, PHILIP J. 2 DAVID ST, STE B FT WALTON BEACH FL 32547 | |
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| | |
|---|----------------|
| 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 |

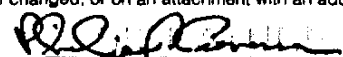
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE  **PHILIP J. CONRAN** **30 JAN 98**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D KEELER, CHARLES E JR 163 SCOTTSDALE DR MARY ESTHER FL 32568 <input checked="" type="checkbox"/> DELETE |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D JOHNSON, WILLIAM W JR 305 LAN-ROB LN DESTIN FL 32541 <input checked="" type="checkbox"/> DELETE |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | DS BRADLEY, THOMAS P 8520 GULF BLVD, 19 NAVARRE BEACH FL 32566 <input type="checkbox"/> DELETE |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | DT HICKS, CHARLES S 207C BEACH DR DESTIN FL 32541 <input checked="" type="checkbox"/> DELETE |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D P CONRAN, PHILIP J. 314 OLDE POST RD NICEVILLE FL <input type="checkbox"/> DELETE |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> DELETE |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|--|--|
| 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP | DT THIGPEN, JERRY L. 67 MEIGS DR SHALIMAR, FL 32579 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP | DV GONZALEZ, BUD 9520 BRAWNWOOD BLVD NAVARRE, FL 32566 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP | D MAHUR, BRYAN 871 TWO MASQUES BLVD SHALIMAR, FL 32579 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |

14. 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 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:  **PHILIP J. CONRAN** **30 JAN 98** **(850) 897-4463**
Signature, typed or printed name of signing officer or director

CR2E037 (10/97)