

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000004323

FILED
Sep 06, 2005
Secretary of State

Entity Name: COMBAT CONTROL ASSOCIATION, INCORPORATED

Current Principal Place of Business:

6503 CALLE DE LAGO
NAVARRE, FL 32566 US

New Principal Place of Business:

1864 LIGHTHOUSE POINTE DR
GULF BREEZE, FL 32563 US

Current Mailing Address:

PO BOX 432
MARY ESTHER, FL 32569 US

New Mailing Address:

FEI Number: 59-3401018 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

LOWER, LAWRENCE M
1864 LIGHTHOUSE POINTE DR
GULF BREEZE, FL 32563 US

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: LOWER, LAWRENCE M
Address: 6503 CALLE DE LAGO P.O. BOX 5309
City-St-Zip: NAVARRE, FL 32566

Title: VP () Delete
Name: MCMULLEN, JACK
Address: 1979 BAHAMA STREET
City-St-Zip: NAVARRE, FL 32566

Title: S () Delete
Name: NORRAD, WAYNE
Address: 7733 WHITE SANDS BLVD
City-St-Zip: NAVARRE, FL 32566

Title: T () Delete
Name: ABEE, CHARLES
Address: 1844 BLUEBIRD CIRCLE
City-St-Zip: MORRISTOWN, TN 37814

Title: D () Delete
Name: HOOPER, ALLEN
Address: 6850 CALLE DE CORTEZ CT
City-St-Zip: NAVARRE, FL 32566

Title: D () Delete
Name: O'BRIEN, WILLIAM
Address: 825 TARPON DR
City-St-Zip: FORT WALTON BEACH, FL 32548

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: LOWER, LAWRENCE M
Address: 1864 LIGHTHOUSE POINTE DR
City-St-Zip: GULF BREEZE, FL 32563

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: LAWRENCE M LOWER

P

09/06/2005

Electronic Signature of Signing Officer or Director

Date