# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jul 24, 2008**
**Secretary of State**

DOCUMENT# N96000004323

**Entity Name:** COMBAT CONTROL ASSOCIATION, INCORPORATED

**Current Principal Place of Business:**

1864 LIGHTHOUSE POINTE DR
GULF BREEZE, FL 32563 US

**New Principal Place of Business:**

**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:**

LOWER, LAWRENCE M
1864 LIGHTHOUSE POINTE DR
GULF BREEZE, FL 32563 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: | NORRAD, WAYNE | |
| Address: | 7733 WHITE SANDS BLVD | |
| City-St-Zip: | NAVARRE, FL 32566 | |
| Title: | VP | ( ) Delete |
| Name: | RAMOS, MICHAEL J | |
| Address: | 2220 LEMURE DR. | |
| City-St-Zip: | NAVARRE, FL 32566 | |
| Title: | S | ( ) Delete |
| Name: | CHILDRESS, RONALD K | |
| Address: | 6942 ELLIOT GIN LANE | |
| City-St-Zip: | NAVARRE, FL 32566 | |
| Title: | T | ( ) Delete |
| Name: | LOWER, LAWRENCE M | |
| Address: | 1864 LIGHTHOUSE POINTE DRIVE | |
| City-St-Zip: | GULF BREEZE, FL 32563 | |
| Title: | D | ( ) Delete |
| Name: | HOOPER, ALLEN | |
| Address: | 6850 CALLE DE CORTEZ CT | |
| City-St-Zip: | NAVARRE, FL 32566 | |
| Title: | D | ( ) Delete |
| Name: | CRUTCHFIELD, RICHARD W | |
| Address: | 2448 WHISPERING PINES BLVD | |
| City-St-Zip: | NAVARRE, FL 32566 | |

**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 exemption stated in Chapter 119, 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: CHILDRESS, RONALD, K. S 07/24/2008
Electronic Signature of Signing Officer or Director — Date