

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000000352

FILED  
Apr 07, 2007  
Secretary of State

**Entity Name:** THE SAC AIRBORNE COMMAND CONTROL ASSOCIATION, INC.

**Current Principal Place of Business:**

1001 MAR WALT DRIVE  
APARTMENT #536  
FORT WALTON BEACH, FL 325476739 US

**New Principal Place of Business:**

**Current Mailing Address:**

1001 MAR WALT DRIVE  
APARTMENT #536  
FORT WALTON BEACH, FL 325476739 US

**New Mailing Address:**

**FEI Number:** 59-3432192

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GATEWOOD, JACK E  
1001 MAR WALT DRIVE  
APARTMENT #536  
FORT WALTON BEACH, FL 325476739 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: PD ( ) Delete  
Name: KROSKEY, JAMES A  
Address: 501 FOXWOOD DRIVE  
City-St-Zip: JACKSONVILLE, AR 720762620 US

Title: VD ( ) Delete  
Name: WITKIN, KENNETH D  
Address: 13405 COLFAX DRIVE  
City-St-Zip: FORT WASHINGTON, MD 207445438 US

Title: SD ( ) Delete  
Name: LEAZER, STEPHEN D  
Address: 6141 BAGLEY AVENUE  
City-St-Zip: TWENTY NINE PALMS, CA 922772502 US

Title: TD ( ) Delete  
Name: BIRCH, GEORGE E  
Address: 2031 WEST PLACITA DE ENERO  
City-St-Zip: GREEN VALLEY, AZ 856145433 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: KROSKEY, JAMES A  
Address: 4 FOX HILL COURT  
City-St-Zip: JACKSONVILLE, AR 720762679 US

Title: VD (X) Change ( ) Addition  
Name: DART, JAMES M  
Address: 15888 CLIFFBROOK COURT  
City-St-Zip: MOUNT CLAIR, VA 220261608 US

Title: SD (X) Change ( ) Addition  
Name: CURTIS, WILTON O  
Address: 2319 PLEASANT HILL DRIVE  
City-St-Zip: RICHMOND, VA 232383026 US

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 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: WILTON O. CURTIS

SD

04/07/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date