

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2000 8:00 am
Secretary of State

02-07-2000 90021 033 ****61.25

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1. Entity Name

THE AIR FORCE ENLISTED MEN'S WIDOWS AND DEPENDEN

Principal Place of Business

Mailing Address

92 SUNSET LANE
 SHALIMAR FL 32579

92 SUNSET LANE
 SHALIMAR FL 32579-1000

BCC15118



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

23-7078212

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WEAVER, LOYAL L
 1900 PALMETTO PALM CIR
 NICEVILLE FL 32578

Name BINNICKER, JAMES C.

Street Address (P.O. Box Number is Not Acceptable)

302 SANTA ROSA BLVD., #11

City FT WALTON BEACH

FL

Zip Code

32548

8. 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

James C. Binnicker
 Signature, typed or printed name of registered agent and title if applicable.

JAMES C BINNICKER, PCEO

(NOTE: Registered Agent signature required when reinstating)

1 FEBRUARY 2000

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD Delete
 NAME WEAVER, LOYAL L
 STREET ADDRESS 1900 PALMETTO PALM CIRCLE
 CITY-ST-ZIP NICEVILLE FL 32578

TITLE PD Change Addition
 NAME BINNICKER, JAMES C
 STREET ADDRESS 302 SANTA ROSA BLVD #11
 CITY-ST-ZIP FT WALTON BEACH FL 32548

TITLE CD Delete
 NAME JERNIGAN, FINITH E.
 STREET ADDRESS 420 E. PINE AVE.
 CITY-ST-ZIP CRESTVIEW FL 32536

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE STD Delete
 NAME MAGIER, JOHN
 STREET ADDRESS 133 JUDITH DRIVE
 CITY-ST-ZIP VALPARAISO FL 32580

TITLE STD Change Addition
 NAME CASKEY, LARRY W
 STREET ADDRESS 1200 JAMES LEE BLVD E
 CITY-ST-ZIP CRESTVIEW FL 32539

TITLE ASTD Delete
 NAME CASKEY, LARRY W.
 STREET ADDRESS 1200 JAMES LEE BLVD. E.
 CITY-ST-ZIP CRESTVIEW FL 32539

TITLE ASTD Change Addition
 NAME BAILEY, ROBERT W
 STREET ADDRESS 209 BARTWOOD CT
 CITY-ST-ZIP NICEVILLE FL 32578

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

James C. Binnicker
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES C BINNICKER, PCEO 2/1/2000

850/651-3766

Date

Daytime Phone #