## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N99000003200

FILED Feb 21, 2006 Secretary of State

Entity Name: 720TH MILITARY POLICE BATTALION REUNION ASSOCIATION, INC.

• 411.011.	rincipal Place	e of Business:	New Prin	New Principal Place of Business:		
	STREET N. L 337744135					
Current Mailing Address:			New Mail	New Mailing Address:		
	STREET N. L 337744135					
FEI Number	: 59-3211430	FEI Number Applied For()	FEI Number Not App	olicable ( )	Certificate of Status Desired ( )	
Name and	l Address of C	Current Registered Agent:	Name and	d Address of	New Registered Agent:	
11122 137	THOMAS R STREET N. L 337744135	US				
	e named entity s e of Florida.	submits this statement for the	purpose of changing	its registered	office or registered agent, or both	
SIGNATU	RE:					
	Electror	nic Signature of Registered A	gent		Date	
OFFICERS AND DIRECTORS:			ADDITIO	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
Title: Name: Address: City-St-Zip:	D ( ) MCAROLE, DA 144 COUNTY R OAKLAND, NE	RD #24	Title: Name: Address: City-St-Zip:	(	( ) Change ( ) Addition	
Title: Name: Address:	D ( ) PIPER, WILLIA 2011 AZTEC D NORTH LITTLE	R, APT 1404	Title: Name: Address:	PIPER, WILL 2401 LAKEVI	(X) Change()Addition .IAM J IEW RD., #CC-6 LE ROCK, AR 72116	
City-St-Zip:		: ROCK, AR 721104455	City-St-Zip:	NORTH LITT		
Title: Name: Address:	D ( ) SCHMIDTKE, J P.O. BOX 4552 TACOMA, WA	) Delete ACK D 27	City-St-Zip: Title: Name: Address: City-St-Zip:		( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip:	SCHMIDTKE, J P.O. BOX 4552 TACOMA, WA D () WATSON, THO	) Delete ACK D 27 98445 ) Delete MAS T AA - MEMORIAL ROAD	Title: Name: Address:	D ( WATSON, TH 156 MEMORI	( ) Change ( ) Addition  (X) Change ( ) Addition  HOMAS T	
Fitle: Name: Address: City-St-Zip: Fitle: Name: Address:	SCHMIDTKE, J P.O. BOX 4552 TACOMA, WA D ( ) WATSON, THO RT 3 BOX 2164 MCCORMICK,	) Delete ACK D 27 98445 ) Delete MAS T AA - MEMORIAL ROAD SC 298359700 ) Delete MAS R REET N.	Title: Name: Address: City-St-Zip: Title: Name: Address:	D ( WATSON, TH 156 MEMORI MCCORMICK	( ) Change ( ) Addition  (X) Change ( ) Addition  HOMAS T  HAL ROAD	

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: THOMAS R. MCKEON P 02/21/2006