

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000003200

FILED
Feb 29, 2008
Secretary of State

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

Current Principal Place of Business:

156 MEMORIAL DRIVE
MCCORMICK, SC 298354118

New Principal Place of Business:

Current Mailing Address:

156 MEMORIAL DRIVE
MCCORMICK, SC 298354118

New Mailing Address:

FEI Number: 59-3211430 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

WARD, JAMES H
10350 SW 51ST LANE.
GAINESVILLE, FL 326084380 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: D () Delete
Name: MCAROLE, DARRELL D
Address: 144 COUNTY RD #24
City-St-Zip: OAKLAND, NE 680452223

Title: D () Delete
Name: PIPER, WILLIAM J
Address: 2401 LAKEVIEW RD., #CC-6
City-St-Zip: NORTH LITTLE ROCK, AR 72116

Title: D () Delete
Name: SCHMIDTKE, JACK D
Address: P.O. BOX 45527
City-St-Zip: TACOMA, WA 98445

Title: D () Delete
Name: WATSON, THOMAS T
Address: 156 MEMORIAL ROAD
City-St-Zip: MCCORMICK, SC 298354118

Title: T () Delete
Name: STANDRIDGE, RALPH
Address: 319 RIO GRANDE LOOP
City-St-Zip: GEORGETOWN, TX 78628

Title: () Delete
Name:
Address:
City-St-Zip:

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: P (X) Change () Addition
Name: WATSON, THOMAS T
Address: 156 MEMORIAL ROAD
City-St-Zip: MCCORMICK, SC 298354118

Title: T (X) Change () Addition
Name: AHLFELD, JAMES B
Address: 96 LAUREL AVENUE
City-St-Zip: LARCHMONT, NY 10538

Title: S () Change (X) Addition
Name: SCHROETER, PETER
Address: 15 ELIZABETH PLACE
City-St-Zip: TOTOWA, NJ 07512

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: THOMAS T. WATSON

P

02/29/2008

Electronic Signature of Signing Officer or Director

_____ Date