

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000003200

FILED  
Feb 20, 2009  
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 ( )

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

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

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

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

Title: P (X) Change ( ) Addition  
Name: WATSON, THOMAS T  
Address: 156 MEMORIAL DRIVE  
City-St-Zip: MCCORMICK, SC 29835 US

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

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

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: THOMAS T. WATSON

P

02/20/2009

Electronic Signature of Signing Officer or Director

Date