

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P12303

(4)

1. Corporation Name

11TH BOMBARDMENT GROUP (H) ASSOCIATION, INCORPORATED

Principal Place of Business

**708 CHADSWORTH AVENUE
SEFFNER FL 33584**

Mailing Address

**708 CHADSWORTH AVENUE
SEFFNER FL 33584**



3. Date Incorporated or Qualified
11/26/1986

3a. Date of Last Report
04/12/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

4. FEI Number
34-6547733

Applied For
☒ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MAY, ROBERT E.
708 CHADSWORTH AVENUE
SEFFNER FL 33584**

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent Signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**ST
MAY, ROBERT E.
708 CHADSWORTH AVE.
SEFFNER FL** ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
LOBERG, EDWIN A
4412 BANFF ST.
ANNADALE VA 22003** ☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
HENDERSON, DALE A.
16510 BURNSIDE
PORTLAND OR** ☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
JENKINS, HIRAM L
1030 CHICAGO STR
GREENVILLE IL** ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
MOSES, SAM
1260 WALLER DR
HUNTINGTON VALLEY PA** ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
JURGENS, T.A.
1400 N HANCOCK
FREMONT NE** ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
**D
W. EARL ROE
51, S 100
PANGWITCH, UT 84759** ☒ Change ☒ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Robert E. May - Robert E. MAY**

4-1-96

813-681-3544

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)