FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Jan 16 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

STREET ADDRESS

CITY-ST-ZIP

P16080

(4)

70TH FIGHTER GROUP ASSOCIATION INC.

701111	Idilleli diloor kooooik	11011, 1110				I MAGNADA DIA MANA ONIN ABIBI IANI DAN BIJAH BIBN DINI ANDI BIJAH BIRN
Principal Place of Business		Mailing Address				
1206 SE 27TH CAPE CORAL	= = = = = = = = = = = = = = = = = = = =	1206 SE 27TH TERRACE CAPE CORAL FL 33904-5743				
						3. Date Incorporated or Qualified
2. Principal P	flace of Business	2a. Mailing Address 26				4. FEI Number Applied For 37-1181437 Not Applied be
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired S8.75 Additional Fee Required
City & State		City & State				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip 24	Country 25	Zip 29	3	Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No
=.71	9. Name and Address of Curren			<u> </u>		10. Name and Address of New Registered Agent
		•		81	Name	, or the state of
NEWBOULD, EDWIN				82		ddress (P.O. Box Number is Not Acceptable)
	E 27TH TERRACE ORAL FL 33904			83		
					City	FL 85 Zip Code
 Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above office or registered agent, or both, in the State of Florida. Such change was authorized by agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statute. 					e-named co the corpor	
SIGNATURE	_					
OIGHATOTIC.	Signature, typed or printed name of registered age	nt and tille if applicab	le. (NOTE: F	Registered Age	int signature rec	quired when reinstating) DATE
12.	OFFICERS ANI	DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D		☐ DELETE	1.1 TITLE		Change Addition
NAME	NEWBOULD, EDWIN P.			1.2 NAME		
STREET ADDRESS 1206 SE 27TH TERRACE		1.3 \$		1.3 STREET	ADDRESS	
CIFY-ST-ZIP	CAPE CORAL FL	· · · · · · · · · · · · · · · · · · ·		1.4 CITY - S	T-ZIP	
TITLE	D		DELETE 2.1 TIT			Change Addition
NAME	POWELL, HARRY K.			2.2 NAME		
STREET ADDRESS	1922 SE 45TH STREET			2.3 STREET	ADDRESS	
CITY-ST-ZIP	CAPE CORAL FL		· • • • • • • • • • • • • • • • • • • •	2. 4 CITY-	ST-ZIP	
TITLE	D		L_] DELETE	3.1 TITLE		Change Addition
NAME	BECKERMAN, LEONARD			3.2 NAME		
STREET ADDRESS	1525 SANDER CT.			3.3 STREET	ADDRESS	
CITY-ST-ZIP	WHEELING IL			3.4. CITY-5	ST-ZIP	. 1
TITLE	D		☐ DELETE	4.1 TITLE		Change Addition
NAME	FOREMAN, MILO			4. 2 NAME		
STREET ADDRESS	NBU 7604			4.3 STREET	ADDRESS	
CITY-ST-ZIP	Prague ok			4.4 CITY - S	T- ZIP	
TITLE			DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME				5.2 NAME		
STREET ADDRESS				5.3 STREET	ADDRESS	4
CITY-ST-ZIP				5.4 CITY - S	T-ZIP	
TITLE			DELETE	6.1 TITLE		Change Addition
NAME		•		6.2 NAME		

Daytime Phone # 0054997

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP 14. I do 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 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.