FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998
DOCUMENT #

P16080

(4)

FILED							
Feb 03 1998 8:00am							
Secretary of State							

1, Corporation Name							
79TH FIGHTER GROUP ASSOCIATION, INC.							
TOTAL TRAINER AROUND AGOODING TOTAL ROLL) (CO)(CO) (CO) (POPE DIPLE BOURT (CO) (CO)	ATOT BIRTORIUS BIRTORIUS BIRTORIUS		
							
Principal Place of Business Mailing Address						14 MTA BINII ATNES SIDII OLGII INGI	
1206 SE 27TH TERRACE 1206 SE 27TH TERRACE					3. Date Incorporated or Qualified		
CAPE CORAL FL 33904 CAPE CORAL FL 33904					09/23/1987		
ļ					4. FEI Number	Applied For	
					<u>37-1181437</u>	Not Applicable	
2. Principal Place of Business 2a. Mailing Address					5. Certificate of Status Desired	\$8.75 Additional	
21 26						Fee Required	
Suite, Apt. #, etc. Suite, Apt. #, etc. 27			•		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
City & State City & State					7. Is this nonprofit corporation a homeowner		
23 28				Yes X No		⊠ No	
Zip	 ' _ '		Country		8. This corporation owes or has paid the current year Intangible		
24	25 29 30		30		Personal Property Tax due June 30. Yes No		
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name							
NEWBO	IOD EDIEN						
	ULD, EDWIN		82	Street Addre	ress (P.O. Box Number is Not Acceptable)		
1206 SE 27TH TERRACE CAPE CORAL FL 33904			83				
CAFE	ORAL FL 33504						
			84	City	FI	L 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 Education Mecutionals The Signature							
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Regi				nt signature require		15 BIRECTORO IV. 40	
12.	D OFFICERS A	ND DIRECTORS DELETE	13.		ADDITIONS/CHANGES TO OFFICERS AN	Change Addition	
NAME	NEWBOULD, EDWIN P.		1.2 NAME				
STREET ADDRESS	1206 SE 27TH TERRACE		1.3 STREET	ADDRESS			
CITY-ST-ZIP	CAPE CORAL FL		1.4 CITY-S	-			
TITLE	D	DELETE	2.1 TITLE			Change Addition	
NAME	POWELL, HARRY K.		2.2 NAME			Ì	
STREET ADDRESS	1922 SE 45TH STREET		2.3 STREET	ADDRESS			
CITY-ST-ZIP	CAPE CORAL FL		2. 4 CITY - S	T-ZIP			
TITLE	_ D	☐ DELETE	3.1 TITLE			Change Addition	
NAME	BECKERMAN, LEONARD		3.2 NAME			İ	
STREET ADDRESS	1525 SANDER CT.		3.3 STREET ADDRESS				
CITY - ST - ZIP	WHEELING IL	DELETE	3.4. CITY-ST-ZIP 4.1 TITLE			Change Addition	
TITLE	D EODEMAN AULO	L. VELETE	1	1		Change Addition	
NAME STREET ADDRESS	FOREMAN, MILO NBU 7 6 04		4. 2 NAME 4.3 STREET ADDRESS			ļ	
CITY - ST - ZIP	PRAGUE OK		4.3 STREET	1			
TITLE	TIMOUL ON	☐ DELETE	5.1 TITLE	-411		☐ Change ☐ Addition	
NAME			5.2 NAME	İ		• –	
STREET ADDRESS			5.3 STREET ADDRESS			1	
CITY-ST-ZIP			5.4 CITY-ST				
TITLE		DELETE 6.1 THE				☐ Change ☐ Addition	
NAME			6.2 NAME	1		İ	
STREET ADORESS			6.3 STREET A	ADDRESS			

14. I hereby certify that the information supplied with this filling 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.

SIGNATURE:

GUATURE AND TYPES OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/5/98-941-574-7099