

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 18, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P16080**

1. Entity Name  
**79TH FIGHTER GROUP ASSOCIATION, INC.**



Principal Place of Business

**1206 SE 27TH TERRACE  
HOUSE  
CAPE CORAL, FL 33904**

Mailing Address

**1206 SE 27TH TERRACE  
CAPE CORAL, FL 33904**



01052006 No Chg-NP

CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**37-1181437**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**NEWBOULD, EDWIN  
1206 SE 27TH TERRACE  
CAPE CORAL, FL 33904**

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IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE EDWIN P. NEWBOULD Edwin P. Newbould 1/10/06  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	NEWBOULD, EDWIN P.
STREET ADDRESS	1206 SE 27TH TERRACE
CITY-ST-ZIP	CAPE CORAL, FL
TITLE	D
NAME	POWELL, HARRY K.
STREET ADDRESS	1922 SE 45TH STREET
CITY-ST-ZIP	CAPE CORAL, FL
TITLE	D
NAME	FOREMAN, MILO
STREET ADDRESS	NBU 7604
CITY-ST-ZIP	PRAGUE, OK
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Edwin P. Newbould 1/10/06  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #