

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

FILED
May 28, 2008 8:00 am
Secretary of State

05-28-2008 90011 046 ****61.25

DOCUMENT # **P16080**

1. Entity Name

79TH FIGHTER GROUP ASSOCIATION



DO NOT WRITE IN THIS SPACE

40105505

2. Principal Place of Business - No P.O. Box #

36 BARKLEY CIRCLE #218

Suite, Apt. #, etc.

APT. 218

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

FORT MYERS, FL

Zip

Country

Zip

Country

33907-7514

USA

4. FEI Number

37-1181437

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

CR2E037B (5/07)

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

BETTY NEWBOULD

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

36 BARKLEY CIRCLE

APT 218

City

FORT MYERS

FL

Zip Code

33907

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

Betty Newbould

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

(NOTE: Registered Agent signature required when reinstating)

05/20/08

DATE

FEE IS \$61.25
Initial or Amended AR

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	MILO FOREMAN	DIRECTOR
NAME	NBU 7604	
STREET ADDRESS	PRAGUE, OK 74864	
CITY-ST-ZIP		
TITLE	DONALD M. PRICE	DIRECTOR
NAME	70 AARON ST	
STREET ADDRESS	BEREA, OH 44017	
CITY-ST-ZIP		
TITLE	STERLING SULLIVAN	DIRECTOR
NAME	6504 SULLIVAN RD.	
STREET ADDRESS	KINMUNDY, IL 62854-3104	
CITY-ST-ZIP		
TITLE	BETTY NEWBOULD	DIRECTOR
NAME	36 BARKLEY CIRCLE #218	
STREET ADDRESS	FORT MYERS, FL 33907-7514	
CITY-ST-ZIP		
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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Betty Newbould **BETTY NEWBOULD**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05/20/08

DATE

Daytime Phone #