


**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
City & State
FORT MYERS, FL
Zip
33907-7514 Country
USA

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

CR2E037B (5/07)

**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**

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 DATE 05/20/08

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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 NAME STREET ADDRESS CITY-ST-ZIP	<u>MILO FOREMAN DIRECTOR</u> <u>NBU 7604</u> <u>PRAGUE, OK 74864</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>DONALD M. PRICE DIRECTOR</u> <u>70 AARON ST</u> <u>BEREA, OH 44017</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>STERLING SULLIVAN DIRECTOR</u> <u>6504 SULLIVAN RD.</u> <u>KINMUNDY, IL 62854-3104</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>BETTY NEWBOULD DIRECTOR</u> <u>36 BARKLEY CIRCLE # 218</u> <u>FORTMYERS, FL 33907-7514</u>
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 DATE 05/20/08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #