

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 16, 2003 8:00 am
Secretary of State

01-16-2003 90087 004 ****61.25

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**

2. Principal Place of Business

SAME

3. Mailing Address

SAME

Suite, Apt. #, etc.

HOUSE

Suite, Apt. #, etc.

HOUSE

City & State

SAME

City & State

SAME

Zip

33904

Country

LEE

Zip

SAME

Country

SAME

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**

7. Name and Address of New Registered Agent

Name

SAME

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

City

FL

Zip Code

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**

CEO

1/14/03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D	TITLE	
NAME	NEWBOULD, EDWIN P.	NAME	
STREET ADDRESS	1206 SE 27TH TERRACE	STREET ADDRESS	
CITY-ST-ZIP	CAPE CORAL FL	CITY-ST-ZIP	
TITLE	D	TITLE	
NAME	POWELL, HARRY K.	NAME	
STREET ADDRESS	1922 SE 45TH STREET	STREET ADDRESS	
CITY-ST-ZIP	CAPE CORAL FL	CITY-ST-ZIP	
TITLE	D	TITLE	
NAME	FOREMAN, MILO	NAME	
STREET ADDRESS	NBU 7604	STREET ADDRESS	
CITY-ST-ZIP	PRAGUE OK	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
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CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I 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 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**

1/14/03

839-574-7098

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER

CR2E037 (10/02)