

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Northam  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 JAN 31 AM 10:13

DOCUMENT # **N18624** (9)

1. Corporation Name  
**THE 466TH BOMB GROUP ASSOCIATION, INC.**

Principal Place of Business Mailing Address  
26 DORSET DRIVE 26 DORSET DRIVE  
KENILWORTH NJ 07033 KENILWORTH NJ 07033

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **01/05/1987** 3a. Date of Last Report **02/28/1994**  
4. FEI Number **65-0028511** Applied For Not Applicable  
5. Certificate of Status Desired  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees  
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  \$68.75 Supplemental Fee Not Required  
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 28 Country Zip 29 Country 30

9. Name and Address of Current Registered Agent  
**LEONE, LOUIS J.  
8707 G SW 88TH COURT RD.  
OCALA FL 32676**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D LEE, WILLIAM K 5805 N VIA VERDOSA TUCSON AZ</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D SLOT, ANDREW VAN 73 E 30TH ST HOLLAND MI</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D BRIDGERS DAVID I 605 LONGVIEW ST. VICKSBURG MS</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>STD MCNAIR, RUSSELL D. 26 DORSET DRIVE KENILWORTH NJ</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D LOEVSKY, LOUIS 16 HAMILTON DR. EAST N. CALDWELL NJ</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD RETO THOMAS 763 RONLEE LANE YOUNGSTOWN OH</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 817, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Russell D Mc Nair  
RUSSELL D MC NAIR

1-27-95 908-872-6920