

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N18624

**FILED**  
**Jan 30, 2022**  
**Secretary of State**  
**7379045698CC**

**Entity Name:** THE 466TH BOMB GROUP ASSOCIATION, INC.

**Current Principal Place of Business:**

2122 GRAYSON PLACE  
FALLS CHURCH, VA 22043

**Current Mailing Address:**

2122 GRAYSON PLACE  
FALLS CHURCH, VA 22043 US

**FEI Number:** 65-0028511

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CASHMAN, JOHN  
3267 BEECHBERRY CIRCLE  
DAVIE, FL 33328 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title SECRETARY  
Name TOMB, BEVERLY B  
Address 2122 GRAYSON PL  
City-State-Zip: FALLS CHURCH VA 22043

Title PRESIDENT  
Name JORDON, STEVEN K  
Address 2719 N. 48TH STREET  
City-State-Zip: OMAHA NE 68104

Title DIRECTOR  
Name WASSOM, EARL  
Address 548 BRENTMOOR AVE.  
City-State-Zip: BOWLING GREEN KY 42101-3772

Title TRS  
Name CURTIS, WILLIAM  
Address 515 WEST ARIEL AVE  
City-State-Zip: FOLEY AL 36535

Title DIRECTOR  
Name JORDON, HELEN  
Address 2719 N. 48 STREET  
City-State-Zip: OMAHA NE 68104

Title DIRECTOR  
Name MELNYK, MARCIA Y  
Address 47 HARRISON CIRCLE  
City-State-Zip: ROWLEY MA 01969

Title VP  
Name MAIDEN, THOMAS  
Address 292 JAPONICA AVE  
City-State-Zip: CAMARILLO CA 93012

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: BEVERLY BAYNES TOMB**

**SECRETARY**

**01/30/2022**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date