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Feb 23, 1999 8:00 am  
Secretary of State

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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N18624

1. Corporation Name

THE 466TH BOMB GROUP ASSOCIATION, INC.

Principal Place of Business

26 DORSET DRIVE  
KENILWORTH NJ 07033

Mailing Address

26 DORSET DRIVE  
KENILWORTH NJ 07033



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		01/05/1987	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		65-0028511	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	
23		28		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country	6. Election Campaign Financing <input type="checkbox"/>	
24		29		Trust Fund Contribution	
	25		30	\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

D'LUGOS, DONALD A.  
216 DOLPHIN STREET  
GULF BREEZE FL 32561

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LEE, WILLIAM K	1.2 NAME	RICHARD C. BAYNES
STREET ADDRESS	5805 N VIA VERDOSA	1.3 STREET ADDRESS	71 NIGHTHAWK IRVING CA 92714
CITY-ST-ZIP	TUCSON AZ	1.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SLOT, ANDREW VAN	2.2 NAME	WILLIAM CAMPBELL
STREET ADDRESS	73 E 30TH ST	2.3 STREET ADDRESS	421 WILSON ST
CITY-ST-ZIP	HOLLAND MI	2.4 CITY-ST-ZIP	CLINTON MA 01510
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BRIDGERS DAVID I	3.2 NAME	JOHN J HORAN
STREET ADDRESS	605 LONGVIEW ST.	3.3 STREET ADDRESS	28148 W BIG HOLLOW RD.
CITY-ST-ZIP	VICKSBURG MS	3.4 CITY-ST-ZIP	INGLISIDE IL 60041
TITLE	STD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCNAIR, RUSSELL D.	4.2 NAME	
STREET ADDRESS	26 DORSET DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	KENILWORTH NJ	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOEVSKY, LOUIS	5.2 NAME	
STREET ADDRESS	16 HAMILTON DR. EAST N.	5.3 STREET ADDRESS	
CITY-ST-ZIP	CALDWELL NJ	5.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RETO THOMAS	6.2 NAME	
STREET ADDRESS	763 RONLEE LANE	6.3 STREET ADDRESS	
CITY-ST-ZIP	YOUNGSTOWN OH	6.4 CITY-ST-ZIP	

14. 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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

RUSSELL D MCNAIR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAN 14 99

Date

808-272-6920

Daytime Phone #

CR2E037 (11/98)