State of Missouri

Rebecca McDowell Cook, Secretary of State

P.O. Box 778, Jefferson City, MO 65102

Corporation Division

Articles of Incorporation of a Nonprofit Corporation

(To be submitted in duplicate with a filing fee of $25)

The undersigned natural person(s) of the age of eighteen years or more for the purpose of forming a corporation under the Nonprofit Corporation Law of Missouri adopt the following Articles of Incorporation:

(1) The name of the corporation is Friends of Fort Davidson

(2) This corporation is a Public Benefit corporation.
(Public or Mutual)

(3) The period of duration of the corporation is Perpetual
("Perpetual" unless stated otherwise)

(4) The name and street address of the Registered Agent and Registered Office in Missouri is:
David P Roggensack (Name) Highway V 21, Pilot Knob (Address) MO 63663 (City/State/Zip)

(5) The name(s) and address of each incorporator:

Phyllis MacAlady P.O. Box 195 Ironton, MO. 63650

Polly Hollis Box 26 Arcadia, MO 63627

Stephen T Schultz PO Box 108 Ironton, MO 63650

(6) Does the corporation have members? YES ✓ NO ___

(7) Provisions not inconsistent with law regarding the distribution of assets on dissolution
See attached

(8) The corporation is formed for the following purpose(s):
See attached

(9) The effective date of this document is the date it is tiled by the Secretary of State of Missouri, unless you indicate a future date, as follows: ___
(Date may not be more than 90 days after the filing date in this office)

In affirmation of the facts stated above,

Signed by Incorporator(s):

Phyllis MacAlady

Polly Hollis

Stephen T. Schultz

FILED AND CERTIFICATE OF INCORPORATION ISSUED

SEP 15 1999

Rebecca McDowell Cook
SECRETARY OF STATE

Corp. #52 (6-95)

FRIENDS OF FORT DAVIDSON
ATTACHMENT TO ARTICLES OF INCORPORATION

(7) Upon dissolution of the corporation, the Board of Directors shall, after paying or making provisions for the payment of all of the liabilities of the corporation, dispose of all the assets of the corporation exclusively for the purpose of the corporation in such manner, or to such organization or organizations organized and operated exclusively for charitable, educational, and religious, or scientific purposes as shall at the time qualify as an exempt organization or organizations under Section 501(c)(3) of the Internal Revenue code of 1954(or the corresponding provision of any future United States Internal Revenue Law), as the Board of Directors shall determine.

(8) The purpose of the organization is to promote the program and welfare of the Fort Davidson State Historic Site and to offer an opportunity for those persons and organizations interested in fostering educational efforts in Civil War history to work with the Fort Davidson State Historic Site in promoting sound educational programs and exhibits in this field.

FILED AND CERTIFICATE OF INCORPORATION ISSUED

SEP 15 1999

Rebecca McDowell Cook
SECRETARY OF STATE

No. N00062283

STATE OF MISSOURI

Matt Blunt
Secretary of State

CORRECTED

CORPORATION DIVISION

CERTIFICATE OF INCORPORATION

MISSOURI NONPROFIT

WHEREAS, duplicate originals of Articles of Incorporation of

FRIENDS OF FORT DAVIDSON

have been received and filed in the office of the Secretary of State, which Articles, in all respects, comply with the requirements of Missouri Nonprofit Corporation Law;

NOW, THEREFORE, I, MATT BLUNT, Secretary of State of the State of Missouri, by virtue of the authority vested in me by law, do hereby certify and declare this entity a body corporate, duly organized this date and that it is entitled to all rights and privileges granted corporations organized under the Missouri Nonprofit Corporation Law.

IN TESTIMONY WHEREOF, I have set my hand and imprinted the GREAT SEAL of the State of Missouri, on this, the 15th day of SEPTEMBER, 1999.

Matt Blunt

Secretary of State

$25.00

SOS #30 (1-01)

No. N00062283

STATE OF MISSOURI

Rebecca McDowell Cook
Secretary of State

CORPORATION DIVISION

CERTIFICATE OF INCORPORATION

MISSOURI NONPROFIT

WHEREAS, DUPLICATE ORIGINALS OF ARTICLES OF INCORPORATION OF

FRIENS OF FORT DAVIDSON

HAVE BEEN RECEIVED AND FILED IN THE OFFICE OF THE SECRETARY OF STATE, WHICH ARTICLES, IN ALL RESPECTS, COMPLY WITH THE REQUIREMENTS OF MISSOURI NONPROFIT CORPORATION LAW;

NOW, THEREFORE, I, REBECCA McDOWELL COOK, SECRETARY OF STATE OF THE STATE OF MISSOURI, BY VIRTUE OF THE AUTHORITY VESTED IN ME BY LAW, DO HEREBY CERTIFY AND DECLARE THIS ENTITY A BODY CORPORATE, DULY ORGANIZED THIS DATE AND THAT IT IS ENTITLED TO ALL RIGHTS AND PRIVILEGES GRANTED CORPORATIONS ORGANIZED UNDER THE MISSOURI NONPROFIT CORPORATION LAW.

IN TESTIMONY WHEREOF, I HAVE SET MY HAND AND IMPRINTED THE GREAT SEAL OF THE STATE OF MISSOURI, ON THIS, THE 15TH DAY OF SEPTEMBER, 1999.

Rebecca McDowell Cook

Secretary of State

$25.00

S.O.S. #30

CRAR
SEP/14/2000
6083 011001

REBECCA McDOWELL COOK, Secretary Of State
2000 ANNUAL REGISTRATION REPORT
(Nonprofit Corporations)

CHECK #: NO
AMOUNT: 15.00

This Report Due By August 31st

NOTE: TO CHANGE REGISTERED AGENT OR OFFICE SHOWN DIRECTLY BELOW, REQUEST FORM #59 FROM THE SECRETARY OF STATE.

N00062283
FRIENS OF FORT DAVIDSON

% DAVID P. ROGGENSEES
HIGHWAY V & 21
PILOT KNOB MO 63663

RECEIVED
SEP 01 2000
Rebecca McDowell Cook
SECRETARY OF STATE

1 Corporation Purpose: (Brief Statement)
Promote and assist Fort Davidson - a state historic site

2 THE CORPORATION IS:
___ Mutual Benefit
✓ Public Benefit

3 ARE THERE MEMBERS:
✓ Yes ___ No

4 ORGANIZED UNDER THE LAWS OF:
MISSOURI

5 PRINCIPAL PLACE OF BUSINESS OR CORPORATE HEADQUARTERS:
STREET: HIGHWAY V & 21
CITY/STATE: PILOT KNOB, MO ZIP: 63663

6 NAMES AND BUSINESS OR RESIDENCE ADDRESSES OF OFFICERS: (SEE INSTRUCTIONS) — A

CHAIRMAN Phyllis Macaulay
STREET/RT 208 E Wayne
CITY/STATE/ZIP IRONTON, MO 63650

~~PRES~~ V chairm Walter Busch
STREET/RT Highway V & 21
CITY/STATE/ZIP Pilot Knob, MO 63663

SEC'Y Jean Cadenbach
STREET/RT 5731 Highway N
CITY/STATE/ZIP Robertsville, MO 63072

TREAS. Polly Hollie
STREET/RT 115 South College
CITY/STATE/ZIP Arcadia, MO 63621

NAMES AND BUSINESS OR RESIDENCE ADDRESSES OF BOARD OF DIRECTORS: (Must Have 3 or More Directors) — B

NAME Terry Hammer
STREET/RT 955 Donalds Ct
CITY/STATE/ZIP St. Louis, MO 63126

NAME Walter Busch
STREET/RT Highway V & 21
CITY/STATE/ZIP Pilot Knob, MO 63663

NAME Stephen T Schultz
STREET/RT 920 South Main
CITY/STATE/ZIP Ironton, MO 63650

NAME Charles T Cadenbach
STREET/RT 5731 Highway N
CITY/STATE/ZIP Robertsville, MO 63072

ATTACH NAMES AND ADDRESSES OF ALL OTHER OFFICERS AND DIRECTORS

7 The undersigned understands that false statements made in this report are punishable for the crime of making a false declaration under Section 575.060 RSMo 1986

OFFICER SIGN HERE >>> Polly Hollie
Officer signing must be listed in BOX #6A above or on attached list.

8 ATTACHED IS THE REGISTRATION FEE OF:
$15.00 if filed on or before August 31st.
$20.00 if filed after August 31st.
Corporation will be administratively dissolved if not filed by November 30th.

N00062283
00 0915999
AC 0915999

N00062283

COMPLETE ALL BOXES OR FORM WILL BE RETURNED
RETURN AND MAKE CHECK PAYABLE TO SECRETARY OF STATE

SOS FORM (FSCORP66) 2000
P.O. BOX 1366, JEFFERSON CITY, MO 65102

CRAR
OCT/16/2001
6083 006001

MATT BLUNT, Secretary Of State
2001 ANNUAL REGISTRATION REPORT
(Nonprofit Corporations)

CHECK# 1049
AMOUNT $30.00

NOTE: TO CHANGE REGISTERED AGENT OR OFFICE SHOWN DIRECTLY BELOW, REQUEST FORM #59 FROM THE SECRETARY OF STATE.

This Report Due By August 31st

1 Corporation Purpose: (Brief Statement)
SUPPORT INTERPRETATION EFFORTS AT FORT DAVIDSON STATE HISTORIC SITE

N00062283
FRIENS OF FORT DAVIDSON

%DAVID P. ROGGENSEES
HIGHWAY V & 21
PILOT KNOB MO 63663

RECEIVED
OCT 04 2001
Matt Blunt
SECRETARY OF STATE

2 THE CORPORATION IS:
____ Mutual Benefit
X Public Benefit

3 ARE THERE MEMBERS:
X Yes ____ No

4 ORGANIZED UNDER THE LAWS OF: MISSOURI

5 PRINCIPAL PLACE OF BUSINESS OR CORPORATE HEADQUARTERS:
STREET: HIGHWAY V&21 (POBOX509)
CITY/STATE: PILOT KNOB MO ZIP: 63663

6

NAMES AND BUSINESS OR RESIDENCE ADDRESSES OF OFFICERS: (SEE INSTRUCTIONS) A	NAMES AND BUSINESS OR RESIDENCE ADDRESSES OF BOARD OF DIRECTORS: (Must Have 3 or More Directors) B
CHAIRMAN: PHYLLIS MACALADY	NAME: STEVE chulte
STREET/RT: 208 E WAYNE	STREET/RT: 1205 S Main
CITY/STATE/ZIP: IRONTON MO 63650	CITY/STATE/ZIP: Ironton Mo 63650
VICE-PRES: WALTER BUSCH	NAME: Terry HAMMER
STREET/RT: PO Box 509	STREET/RT: C/O 2510 Hampton Ave
CITY/STATE/ZIP: PILOT KNOB, MO 63663	CITY/STATE/ZIP: St Louis Mo 63139
SEC'Y: JEAN CADENBACH	NAME: Walter Busch
STREET/RT: Rt 3 Hwy N	STREET/RT: C/O P.O. Box 509
CITY/STATE/ZIP: Robertsville Mo 63072	CITY/STATE/ZIP: Pilot knob MO 63663
TREAS: Polly Hollie	NAME: Polly Hollie
STREET/RT: 115 S. College	STREET/RT: 115 S. College
CITY/STATE/ZIP: Arcadia Mo 63621	CITY/STATE/ZIP: ARCADIA MO 63621

ATTACH NAMES AND ADDRESSES OF ALL OTHER OFFICERS AND DIRECTORS

7 The undersigned understands that false statements made in this report are punishable for the crime of making a false declaration under Section 575.060 RSMo 1986

OFFICER SIGN HERE > > > Walter Busch
Officer signing must be listed in BOX #6A above or on attached list.

8 ATTACHED IS THE REGISTRATION FEE OF:
$15.00 if filed on or before August 31st.
$20.00 if filed after August 31st.
Corporation will be administratively dissolved if not filed by November 30th.

N00062283	
00	0915999
AC	0915999
AG	0901000

N00062283

COMPLETE ALL BOXES OR FORM WILL BE RETURNED
RETURN AND MAKE CHECK PAYABLE TO SECRETARY OF STATE
P.O. BOX 1366, JEFFERSON CITY, MO 65102

SOS FORM (FSCORP66) 2001

#1045 $10.00 BDN

State of Missouri

Matt Blunt, Secretary of State

Corporations Division
P.O. Box 778, Jefferson City, MO 65102

James C. Kirkpatrick State Information Center
600 W. Main Street, Rm 322, Jefferson City, MO 65101

Statement of Change of Registered Agent and/or Registered Office By a Foreign or Domestic For Profit or Nonprofit Corporation

Instructions

1. This form is to be used by either a for profit or nonprofit corporation to change either or both the name of its registered agent and/or the address of its existing registered agent.
2. There is a $10.00 fee for filing this statement. It must be filed in DUPLICATE.
3. P.O. Box may only be used in conjunction with a physical street address.
4. Agent and address must be in the State of Missouri.
5. The corporation may not act as its own agent.

Charter No. N 00062283

(1) The name of the corporations: Friends of Fort Davidson

(2) The address, including street and number, of its **present** registered office (before change) is:

Hwy V & 21 — Address
Pilot Knob, MO 63663 — City/State/Zip

(3) The address, including street and number, of its registered office is hereby **changed to**:

120 South Main, PO Box 108 — Address
IRONTON MO 63663 — (P.O. Box may only be used in conjunction with a physical street address) City/State/Zip

(4) The name of its **present** registered agent (before change) is: David P Roggensees

(5) The name of the **new** registered agent is: Stephen T Schulte

Authorized signature of **new** registered agent must appear below:

Stephen T. Schulte
(May attach separate originally executed written consent to this form in lieu of this signature)

(6) The address of its registered office and the address of the office of its registered agent, as changed, will be identical.

(7) The change was authorized by resolution duly adopted by the board of directors.

In affirmation of the facts stated above,

Phyllis Macaladay
(Authorized signature of officer or, if applicable, chairman of the board)

Phyllis Macaladay
(Printed Name)

Chairman
(Title)

10/29/01
(month/day/year)

Corp. #159(11/00)

FILED

NOV 01 2001

Matt Blunt
SECRETARY OF STATE

NOV 02 2001

#1161 $10.00 JB

State of Missouri

Matt Blunt, Secretary of State

Corporations Division
P.O. Box 778, Jefferson City, MO 65102

James C. Kirkpatrick State Information Center
600 W. Main Street, Rm 322, Jefferson City, MO 65101

Statement of Change of Registered Agent and/or Registered Office By a Foreign or Domestic For Profit or Nonprofit Corporation

Instructions

1. This form is to be used by either a for profit or nonprofit corporation to change either or both the name of its registered agent and/or the address of its existing registered agent.
2. There is a $10.00 fee for filing this statement. It must be filed in DUPLICATE.
3. P.O. Box may only be used in conjunction with a physical street address.
4. Agent and address must be in the State of Missouri.
5. The corporation may not act as its own agent.

Charter No. N00062283

(1) The name of the corporation is: FRIENDS of FORT DAVIDSON

(2) The address, including street and number, of its **present** registered office (before change) is:

120 SOUTH MAIN, PO BOX 108 IRONTON MO 63663
Address **City/State/Zip**

(3) The address, including street and number, of its registered office is hereby **changed to**:

118 EAST MAPLE, P O BOX 509, PILOT KNOB MO 63663
Address **(P.O. Box may only be used in conjunction with a physical street address)** **City/State/Zip**

(4) The name of its **present** registered agent (before change) is: STEPHEN T. SCHULTE

(5) The name of the **new** registered agent is: WALTER E. BUSCH

Authorized signature of **new** registered agent must appear below:

(May attach separate originally executed written consent to this form in lieu of this signature)

(6) The address of its registered office and the address of the office of its registered agent, as changed, will be identical.

(7) The change was authorized by resolution duly adopted by the board of directors.

In affirmation of the facts stated above,

Sandra L. Walther — SANDRA L. WALTHER
(Authorized signature of officer or, if applicable, chairman of the board) *(Printed Name)*

CHAIRPERSON — 7-28-2002
(Title) *(month/day/year)*

Corp. #59 (11/00)

FILED

JUL 29 2002

Matt Blunt
SECRETARY OF STATE

JUL 30 2002

CRAR
AUG/19/2002
8042 008001

MATT BLUNT, Secretary Of State
2002 ANNUAL REGISTRATION REPORT
(Nonprofit Corporations)

CHECK#: 1162
AMOUNT: 15.00 (P) DE 8/07

WHEN THIS FORM IS ACCEPTED BY THE SECRETARY OF STATE, BY LAW IT WILL BECOME A PUBLIC DOCUMENT AND ALL INFORMATION PROVIDED IS SUBJECT TO PUBLIC DISCLOSURE.

This Report Due By August 31st

1 Corporation Purpose: (Brief Statement)
PROMOTE & ASSIST FORT DAVIDSON - A STATE HISTORIC SITE

N00062283
FRIENDS OF FORT DAVIDSON

% STEPHEN T SCHULTE
120 SOUTH MAIN POB 108
IRONTON MO 63663

2 THE CORPORATION IS:
____ Mutual Benefit
_X_ Public Benefit

NOTE: TO CHANGE REGISTERED AGENT OR OFFICE SHOWN DIRECTLY ABOVE, REQUEST FORM #59 FROM THE SECRETARY OF STATE.

3 ARE THERE MEMBERS:
_X_ Yes ____ No

4 ORGANIZED UNDER THE LAWS OF:
MISSOURI

RECEIVED
JUL 29 2002
Matt Blunt
SECRETARY OF STATE

5 PRINCIPAL PLACE OF BUSINESS OR CORPORATE HEADQUARTERS:
STREET 118 E. MAPLE, PO BOX 509
CITY/STATE PILOT KNOB MO ZIP 63663

6 NAMES AND BUSINESS OR RESIDENCE ADDRESSES OF OFFICERS: (SEE INSTRUCTIONS) — A

CHAIRMAN SANDRA L. WALTHER
STREET/RT. 951 MILL CREEK
CITY/STATE/ZIP IMPERIAL MO 63052
VICE PRES RON WARREN
STREET/RT. 222 EAST MADISON
CITY/STATE/ZIP IRONTON MO 63650
SEC'Y JEAN CADIEN BACH
STREET/RT 5731 HIGHWAY N
CITY/STATE/ZIP ROBERTSVILLE MO 63072
TREAS POLLY HOLLIE
STREET/RT 115 SOUTH COLLEGE
CITY/STATE/ZIP ARCADIA, MO 63621

NAMES AND BUSINESS OR RESIDENCE ADDRESSES OF BOARD OF DIRECTORS: (Must Have 3 or More Directors) — B

NAME TERRY HAMMER
STREET/RT. 29557 DONALDS CT.
CITY/STATE/ZIP ST LOUIS MO 63126
NAME STEPHEN T. SCHULTE
STREET/RT. 120 SOUTH MAIN
CITY/STATE/ZIP IRONTON MO 63650
NAME CHARLES T. CADENBACH
STREET/RT. 5731 HIGHWAY N
CITY/STATE/ZIP ROBERTSVILLE MO 63072
NAME
STREET/RT
CITY/STATE/ZIP

ATTACH NAMES AND ADDRESSES OF ALL OTHER OFFICERS AND DIRECTORS

7 The undersigned understands that false statements made in this report are punishable for the crime of making a false declaration under Section 575.060 RSMo 1986

OFFICER SIGN HERE > > > Sandra L. Walther
Officer signing must be listed in BOX #6A above or on attached list.

8 ATTACHED IS THE REGISTRATION FEE OF:
$15.00 if filed on or before August 31st.
$20.00 if filed after August 31st.
Corporation will be administratively dissolved if not filed by November 30th.

N00062283
01 0915999
AC 0915999
AG 1004001

N00062283

COMPLETE ALL BOXES OR FORM WILL BE RETURNED
RETURN AND MAKE CHECK PAYABLE TO SECRETARY OF STATE
P.O. BOX 1366, JEFFERSON CITY, MO 65102

SOS FORM (FSCORP66) 2002

File Number: 200321140415
Charter# N00062283
Date Filed: 07/16/200311:04 AM
Matt Blunt
Secretary of State

2003
Matt Blunt Secretary of State
ANNUAL REGISTRATION REPORT
(Nonprofit Corporation)

THIS REPORT IS DUE BY: 8/31/2003

1 Corporation Purpose: (Brief Statement)
PROMOTE & ASSIST FORT DAVIDSON STATE HISTORIC SITE

N00062283
FRIENDS OF FORT DAVIDSON
WALTER E BUSCH
118 EAST MAPLE PO BOX 509
PILOT KNOB, MO 63663

2 If changing the registered agent and/or registered office address, please check the appropriate box(es) and fill in the necessary information.
☐ The new registered agent _____
IF CHANGING THE REGISTERED AGENT, AN ORIGINAL WRITTEN CONSENT FROM THE NEW REGISTERED AGENT MUST BE ATTACHED AND FILED WITH THIS REGISTRATION REPORT.
☐ The new registered office address _____
Must be a Missouri address, PO Box alone is not acceptable. This section is not applicable for Banks, Trusts and Foreign Insurance.

3 THE CORPORATION IS:
___ Mutual Benefit
X Public Benefit

4 ARE THERE MEMBERS:
X Yes ___ No

5 ORGANIZED UNDER THE LAWS OF:
MISSOURI

6 PRINCIPAL PLACE OF BUSINESS OR CORPORATE HEADQUARTERS:
118 EAST MAPLE, PO BOX 509 (STREET)
PILOT KNOB MO 636663 (CITY/STATE ZIP)

7 NAME AND BUSINESS OR RESIDENCE ADDRESS OF OFFICERS: (MUST HAVE 1 OR MORE OFFICERS) **A**

CHAIRMAN SANDRA L. WALTHER
STREET/RT PO BOX 381
CITY/STATE/ZIP ARCADIA, MO 636663

PRES
STREET/RT
CITY/STATE/ZIP

SECY JEAN CADENBACH
STREET/RT 5731 HIGHWAY N
CITY/STATE/ZIP ROBERTSVILLE MO 63072

TREAS POLLY HALLIE
STREET/RT 15 SOUTH COLLEGE
CITY/STATE/ZIP ARCADIA MO 63621

NAME AND BUSINESS OR RESIDENCE ADDRESS OF BOARD OF DIRECTORS: (MUST HAVE 0 OR MORE DIRECTORS) **B**

NAME TERRY HAMMER
STREET/RT 9557 DONALDS CT.
CITY/STATE/ZIP ST LOUIS MO 63126

NAME STEPHEN T. SCHULTE
STREET/RT 120 SO MAIN
CITY/STATE/ZIP IRONTON, MO 636650

NAME CHARLES T. CADENBACH
STREET/RT 5731 HIGHWAY N
CITY/STATE/ZIP ROBERTSVILLE MO 63072

NAME
STREET/RT
CITY/STATE/ZIP

ATTACH NAMES AND ADDRESSES ALL OTHER OFFICERS AND DIRECTORS

8 The undersigned understands that false statements made on this report are punishable for the crime of making a false declaration under section 575.060 RSMo 1986
OFFICER SIGN HERE >>> Sandra L Walther
Original signature of officer listed above required. Photocopy or stamped signature not acceptable.

9 ATTACHED IS THE REGISTRATION FEE OF:
$15.00 If filed on or before August 31st.
$20.00 If filed after August 31st.
Corporation will be administratively dissolved if report is not filed by November 30th.

N00062283
01 000000
AG 000000
AG 000000

INFORMATION PROVIDED IS SUBJECT TO PUBLIC DISCLOSURE

N00062283.

CORPORATE E-MAIL ADDRESS _____
REQUIRED INFORMATION MUST BE COMPLETED OR THE ... BE REJECTED 315 00

RETURN COMPLETED REGISTR ... FFERSON CITY, MO 65102
SOS FORM(FSCORP661 2002

State of Missouri
Annual Report - NonProfit 1 Page(s)
T0320616743

Matt Blunt Secretary of State
2004 ANNUAL REGISTRATION REPORT
NONPROFIT

File Number: 200419011737
N00062283
Date Filed: 06/30/2004
Matt Blunt
Secretary of State

REPORT DUE BY: **08/31/2004**

ORGANIZED UNDER THE LAWS OF: **Missouri**

N00062283
FRIENDS OF FORT DAVIDSON
WALTER E BUSCH
118 EAST MAPLE PO BOX 509
PILOT KNOB, MO 63663

1 **PRINCIPAL PLACE OF BUSINESS OR CORPORATE HE ADQUARTERS:**
118 EAST MAPLE
STREET
PILOT KNOB MO 63663
CITY/STATE ZIP

2 **If changing the registered agent and/or registered office address, please check the appropriate box(es) and fill in the necessary information.**
☐ The newregisteredagent
IF CHANGING THE REGISTERED AGENT, AN ORIGINAL WRITTEN CONSENT FROM THE NEW REGISTERED AGENT MUST BE ATTACHED AND FILED WITH THIS REGISTRATION REPORT.
☐ The new registered office address
Must be a Missouri address, PO Box alone is not acceptable. This section is not applicable for Banks, Trusts and Foreign Insurance.

3

OFFICERS

NAME AND PHYSICAL ADDRESS (P.O. BOX ALONE NOT ACCEPTABLE) **MUST LIST AT LEAST ONE OFFICER BELOW.** **A**

PRES SANDRA L. WALTHER
STREET/RT 220 NORTH COLLEGE
CITY/STATE/ZIP ARCADIA MO 63621
V-PRES
STREET/RT
CITY/STATE/ZIP
SEC'Y JEAN L. CADENBACH
STREET/RT 5731 HIGHWAY N
CITY/STATE/ZIP ROBERTSVILLE MO 63072
TREAS PHILLY HILLIE
STREET/RT 115 SOUTH COLLEGE
CITY/STATE/ZIP ARCADIA MO 63621

BOARD OF DIRECTORS

NAME AND PHYSICAL ADDRESS (P.O. BOX ALONE NOT ACCEPTABLE) **MUST LIST AT LEAST THREE DIRECTORS BELOW.** **B**

NAME TERRY HANNER
STREET/RT 9557 DONALD CT.
CITY/STATE/ZIP ST LOUIS MO 63126
NAME STEPHEN V. T. SCHMITZ
STREET/RT 120 SOUTH MAIN
CITY/STATE/ZIP IRONTON MO 63650
NAME CHARLES T. CADENBACH
STREET/RT 5731 HIGHWAY N
CITY/STATE/ZIP ROBERTSVILLE MO 63072
NAME
STREET/RT
CITY/STATE/ZIP

NAMES AND ADDRESSES OF ALL OTHER OFFICERS AND DIRECTORS ARE ATTACHED

4 The undersigned understands that false statements made in this report are punishable for the crime of making a false declaration under Section 575.060 RSMo. Photocopy or stamped signature not acceptable.

Authorized party or officersign here Sandra L. Walther

Please print name and title of signer: SANDRA L. WALTHER PRESIDENT
NAME TITLE

REGISTRATION REPORT FEE IS:
☒ $15.00 If filed on or before 8/31
☐ $20.00 If filed after 8/31
Corporation will be administratively dissolved if report is not filed by November 30th.

WHEN THIS FORM IS ACCEPTED BY THE SECRETARY OF STATE, BYLAW IT WILL BECOME A PUBLIC DOCUMENT AND ALL INFORMATION PROVIDED IS SUBJECT TO PUBLIC DISCLOSURE

E-MAIL ADDRESS (OPTIONAL)

REQUIRED INFORMATION MUST BE COMPLETE OR THE REGISTRATION REPORT WILL BE REJECTED

RETURN COMPLETED REGISTRA' State of Missouri Annual Report - NonProfit 1 Page(s) P.O. BOX 1366, JEFFERSON CITY, MO 65102

T0418313567

Robin Carnahan Secretary of State
2005 ANNUAL REGISTRATION REPORT
NONPROFIT

File Number: 200516890055
N00062283
Date Filed: 06/17/2005
Robin Carnahan
Secretary of State

REPORT DUE BY: **08/31/2005**

ORGANIZED UNDER THE LAWS OF: **Missouri**

N00062283
FRIENDS OF FORT DAVIDSON
WALTER E BUSCH
118 EAST MAPLE PO BOX 509
PILOT KNOB, MO 63663

1 PRINCIPAL PLACE OF BUSINESS OR CORPORATE HEADQUARTERS:
118 East Maple)
STREET
Pilot Knob, MO 63663
CITY/STATE ZIP

2 **If changing the registered agent and/or registered office address, please check the appropriate box(es) and fill in the necessary information.**

☐ The new registered agent _____
IF CHANGING THE REGISTERED AGENT, AN ORIGINAL WRITTEN CONSENT FROM THE NEW REGISTERED AGENT MUST BE ATTACHED AND FILED WITH THIS REGISTRATION REPORT.

☐ The new registered office address _____
Must be a Missouri address, PO Box alone is not acceptable. This section is not applicable for Banks, Trusts and Foreign Insurance.

3

OFFICERS

NAME AND PHYSICAL ADDRESS (P.O. BOX ALONE NOT ACCEPTABLE). MUST LIST AT LEAST ONE OFFICER BELOW. **A**

PRES	Sandra L Walther-Busch
STREET/RT	220 North College, PO Box 381
CITY/STATE/ZIP	Arcadia, MO 63621
V-PRES	
STREET/RT	
CITY/STATE/ZIP	
SEC'Y	David Christopher Warren
STREET/RT	1150 Hawthorne Rd, Apt 14
CITY/STATE/ZIP	Bonne Terre, MO 63628
TREAS	Pauline Hollie
STREET/RT	115 South College
CITY/STATE/ZIP	Arcadia, MO 63621

BOARD OF DIRECTORS

NAME AND PHYSICAL ADDRESS (P.O. BOX ALONE NOT ACCEPTABLE). MUST LIST AT LEAST THREE DIRECTORS BELOW. **B**

NAME	Terry Hammer
STREET/RT	9557 Donald Ct
CITY/STATE/ZIP	St Louis , MO 63126
NAME	Stephen T Schulte
STREET/RT	120 South Main
CITY/STATE/ZIP	Ironton, MO 63650
NAME	Charles T Cadenbach
STREET/RT	5731 Highway N
CITY/STATE/ZIP	Robertsville, MO 63072
NAME	
STREET/RT	
CITY/STATE/ZIP	

NAMES AND ADDRESSES OF ALL OTHER OFFICERS AND DIRECTORS ARE ATTACHED

4 The undersigned understands that false statements made in this report are punishable for the crime of making a false declaration under Section 575.060 RSMo. Photocopy or stamped signature not acceptable.

Authorized party or officer sign here Walter Erich Busch

Please print name and title of signer: Walter Erich Busch / Registered Agent
NAME TITLE

REGISTRATION REPORT FEE IS:
___ $10.00 If filed on or before 8/31
___ $15.00 If filed after 8/31
Corporation will be administratively dissolved if report is not filed by November 30th.

WHEN THIS FORM IS ACCEPTED BY THE SECRETARY OF STATE, BY LAW IT WILL BECOME A PUBLIC DOCUMENT AND ALL INFORMATION PROVIDED IS SUBJECT TO PUBLIC DISCLOSURE

E-MAIL ADDRESS (OPTIONAL) _____

REQUIRED INFORMATION MUST BE COMPLETE OR THE REGISTRATION REPORT WILL BE REJECTED

MAKE CHECK PAYABLE TO DIRECTOR OF REVENUE

RETURN COMPLETED REGISTRATION REPORT AND PAYMENT TO THE SECRETARY OF STATE -P.O. BOX 1366, JEFFERSON CITY, MO 65102

Robin Carnahan Secretary of State
2006 ANNUAL REGISTRATION REPORT
NONPROFIT

File Number: 200620490045
N00062283
Date Filed: 07/23/2006
Robin Carnahan
Secretary of State

REPORT DUE BY: **08/31/2006**

ORGANIZED UNDER THE LAWS OF: **Missouri**

N00062283
FRIENDS OF FORT DAVIDSON
WALTER E BUSCH
118 EAST MAPLE PO BOX 509
PILOT KNOB, MO 63663

1 **PRINCIPAL PLACE OF BUSINESS OR CORPORATE HEADQUARTERS:**
118 East Maple (Box 509)
STREET
Pilot Knob, MO 63663
CITY/STATE ZIP

2 **If changing the registered agent and/or registered office address, please check the appropriate box(es) and fill in the necessary information.**

☐ The new registered agent _____
IF CHANGING THE REGISTERED AGENT, AN ORIGINAL WRITTEN CONSENT FROM THE NEW REGISTERED AGENT MUST BE ATTACHED AND FILED WITH THIS REGISTRATION REPORT.

☐ The new registered office address _____
Must be a Missouri address, PO Box alone is not acceptable. This section is not applicable for Banks, Trusts and Foreign Insurance.

3

OFFICERS
NAME AND PHYSICAL ADDRESS (P.O. BOX ALONE NOT ACCEPTABLE). MUST LIST AT LEAST ONE OFFICER BELOW. **A**

PRES	Patricia Hagler
STREET/RT	Route 1 Box 123
CITY/STATE/ZIP	Patterson, MO 63956-9733
V-PRES	David Hagler
STREET/RT	Route 1 Box 123
CITY/STATE/ZIP	Patterson, MO 63956-9733
SEC'Y	David Christopher Warren
STREET/RT	900 Taylor Apt 17
CITY/STATE/ZIP	Park Hills, MO 63601
TREAS	Pauline Hollie
STREET/RT	115 South College
CITY/STATE/ZIP	Arcadia, MO 63621

BOARD OF DIRECTORS
NAME AND PHYSICAL ADDRESS (P.O. BOX ALONE NOT ACCEPTABLE). MUST LIST AT LEAST THREE DIRECTORS BELOW. **B**

NAME	Terry Hammer
STREET/RT	9557 Donald Ct
CITY/STATE/ZIP	St Louis , MO 63126
NAME	Stephen T Schulte
STREET/RT	120 South Main
CITY/STATE/ZIP	Ironton, MO 63650
NAME	Charles T Cadenbach
STREET/RT	5731 Highway N
CITY/STATE/ZIP	Robertsville, MO 63072
NAME	.....
STREET/RT	.....
CITY/STATE/ZIP	_____

NAMES AND ADDRESSES OF ALL OTHER OFFICERS AND DIRECTORS ARE ATTACHED

4 The undersigned understands that false statements made in this report are punishable for the crime of making a false declaration under Section 575.060 RSMo. Photocopy or stamped signature not acceptable.

Authorized party or officer sign here Walter Erich Busch (Required)

Pleaseprintname and title of signer: Walter Erich Busch / Registered Agent
NAME TITLE

REGISTRATION REPORT FEE IS:
___ $10.00 If filed on or before 8/31
___ $15.00 If filed after 8/31
Corporation will be administratively dissolved if report is not filed by November 30th.

WHEN THIS FORM IS ACCEPTED BY THE SECRETARY OF STATE, BY LAW IT WILL BECOME A PUBLIC DOCUMENT AND ALL INFORMATION PROVIDED IS SUBJECT TO PUBLIC DISCLOSURE

E-MAIL ADDRESS (OPTIONAL) _____

REQUIRED INFORMATION MUST BE COMPLETE OR THE REGISTRATION REPORT WILL BE REJECTED
MAKE CHECK PAYABLE TO DIRECTOR OF REVENUE
RETURN COMPLETED REGISTRATION REPORT AND PAYMENT TO THE SECRETARY OF STATE -P.O. BOX 1366, JEFFERSON CITY, MO 65102

Robin Carnahan Secretary of State
2007 ANNUAL REGISTRATION REPORT
NONPROFIT

File Number: 200718491749
N00062283
Date Filed: 07/03/2007
Robin Carnahan
Secretary of State

REPORT DUE BY: **08/31/2007**

ORGANIZED UNDER THE LAWS OF: **Missouri**

N00062283
FRIENDS OF FORT DAVIDSON
WALTER E BUSCH
118 EAST MAPLE PO BOX 509
PILOT KNOB, MO 63663

1 **PRINCIPAL PLACE OF BUSINESS OR CORPORATE HEADQUARTERS:**
118 East Maple (Box 509)
STREET
Pilot Knob, MO 63663
CITY/STATE ZIP

2 **If changing the registered agent and/or registered office address, please check the appropriate box(es) and fill in the necessary information.**
☐ The new registered agent _____
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☐ The newregistered office address _____
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3

OFFICERS

NAME AND PHYSICAL ADDRESS (P.O. BOX ALONE NOT ACCEPTABLE). MUST LIST AT LEAST ONE OFFICER BELOW. **A**

PRES	Charles T Cadenbach
STREET/RT	Route 1 Box 1235731 Highay N
CITY/STATE/ZIP	Robertsville, MO 63072
V-PRES	Michael Roderman
STREET/RT	Route 1 Box 250
CITY/STATE/ZIP	Licking, MO 65542
SEC'Y	David Christopher Warren
STREET/RT	106 Marie Ct Apt 78
CITY/STATE/ZIP	Bonne Terre, MO 63628
TREAS	Pauline Hollie
STREET/RT	115 South College
CITY/STATE/ZIP	Arcadia, MO 63621

BOARD OF DIRECTORS

NAME AND PHYSICAL ADDRESS (P.O. BOX ALONE NOT ACCEPTABLE). MUST LIST AT LEAST THREE DIRECTORS BELOW. **B**

NAME	Terry Hammer
STREET/RT	9557 Donald Ct
CITY/STATE/ZIP	St Louis, MO 63126
NAME	Stephen T Schulte
STREET/RT	120 South Main
CITY/STATE/ZIP	Ironton, MO 63650
NAME	Carl Warren
STREET/RT	1054 Tyler Trail
CITY/STATE/ZIP	Farmington, MO 63640
NAME	
STREET/RT	
CITY/STATE/ZIP	

NAMES AND ADDRESSES OF ALL OTHER OFFICERS AND DIRECTORS ARE ATTACHED

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Authorized party or officer sign here Walter Erich Busch (Required)

Pleaseprintname and title of signer: Walter Erich Busch / Registered Agent
NAME TITLE

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Corporation will be administratively dissolved if report is not filed by November 30th.

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E-MAIL ADDRESS (OPTIONAL) _____

REQUIRED INFORMATION MUST BE COMPLETE OR THE REGISTRATION REPORT WILL BE REJECTED

MAKE CHECK PAYABLE TO DIRECTOR OF REVENUE
RETURN COMPLETED REGISTRATION REPORT AND PAYMENT TO THE SECRETARY OF STATE - P.O. BOX 1366, JEFFERSON CITY, MO 65102

Robin Carnahan Secretary of State
2008 ANNUAL REGISTRATION REPORT
NONPROFIT

File Number: 200819990477
N00062283
Date Filed: 07/17/2008
Robin Carnahan
Secretary of State

REPORT DUE BY: **08/31/2008**

ORGANIZED UNDER THE LAWS OF: **Missouri**

N00062283
FRIENDS OF FORT DAVIDSON
WALTER E BUSCH
118 EAST MAPLE PO BOX 509
PILOT KNOB, MO 63663

1 **PRINCIPAL PLACE OF BUSINESS OR CORPORATE HEADQUARTERS:**
118 East Maple (Box 509)
STREET
Pilot Knob, MO 63663
CITY/STATE ZIP

2 **If changing the registered agent and/or registered office address, please check the appropriate box(es) and fill in the necessary information.**

☐ The new registered agent _____
IF CHANGING THE REGISTERED AGENT, AN ORIGINAL WRITTEN CONSENT FROM THE NEW REGISTERED AGENT MUST BE ATTACHED AND FILED WITH THIS REGISTRATION REPORT.

☐ The newregistered office address _____
Must be a Missouri address, PO Box alone is not acceptable. This section is not applicable for Banks, Trusts and Foreign Insurance.

3

OFFICERS

NAME AND PHYSICAL ADDRESS (P.O. BOX ALONE NOT ACCEPTABLE). MUST LIST AT LEAST ONE OFFICER BELOW. **A**

PRES	Charles T Cadenbach
STREET/RT	Route 1 Box 1235731 Highay N
CITY/STATE/ZIP	Robertsville, MO 63072
V-PRES	Michael Roderman
STREET/RT	Route 1 Box 250
CITY/STATE/ZIP	Licking, MO 65542
SEC'Y	David Christopher Warren
STREET/RT	106 Marie Ct Apt 78
CITY/STATE/ZIP	Bonne Terre, MO 63628
TREAS	Pauline Hollie
STREET/RT	115 South College
CITY/STATE/ZIP	Arcadia, MO 63621

BOARD OF DIRECTORS

NAME AND PHYSICAL ADDRESS (P.O. BOX ALONE NOT ACCEPTABLE). MUST LIST AT LEAST THREE DIRECTORS BELOW. **B**

NAME	Terry Hammer
STREET/RT	9557 Donald Ct
CITY/STATE/ZIP	St Louis, MO 63126
NAME	Stephen T Schulte
STREET/RT	120 South Main
CITY/STATE/ZIP	Ironton, MO 63650
NAME	Gary Scheel
STREET/RT	383 Jefferson St
CITY/STATE/ZIP	Ste. Genevieve, MO 63670
NAME	Carl Warren
STREET/RT	1054 Tyler Trail
CITY/STATE/ZIP	Farmington, MO 63640

NAMES AND ADDRESSES OF ALL OTHER OFFICERS AND DIRECTORS ARE ATTACHED

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Authorized party or officer sign here Walter Erich Busch (Required)

Pleaseprintname and title of signer: Walter Erich Busch / Agent
NAME TITLE

REGISTRATION REPORT FEE IS:
____ $10.00 If filedon or before 8/31
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Corporation will be administratively dissolved if report is not filed by November 30th.

WHEN THIS FORM IS ACCEPTED BY THE SECRETARY OF STATE, BYLAW IT WILL BECOME A PUBLIC DOCUMENT AND ALL INFORMATION PROVIDED IS SUBJECT TO PUBLIC DISCLOSURE

E-MAIL ADDRESS (OPTIONAL) _____

REQUIRED INFORMATION MUST BE COMPLETE OR THE REGISTRATION REPORT WILL BE REJECTED

MAKE CHECK PAYABLE TO DIRECTOR OF REVENUE
RETURN COMPLETED REGISTRATION REPORT AND PAYMENT TO THE SECRETARY OF STATE - P.O. BOX 1366, JEFFERSON CITY, MO 65102

Robin Carnahan Secretary of State
2009 ANNUAL REGISTRATION REPORT
NONPROFIT

File Number: 200920090152
N00062283
Date Filed: 07/19/2009
Robin Carnahan
Secretary of State

REPORT DUE BY: **08/31/2009**

ORGANIZED UNDER THE LAWS OF: **Missouri**

N00062283
FRIENDS OF FORT DAVIDSON
WALTER E BUSCH
118 EAST MAPLE PO BOX 509
PILOT KNOB, MO 63663

1 **PRINCIPAL PLACE OF BUSINESS OR CORPORATE HEADQUARTERS:**
118 East Maple (Box 509)
STREET
Pilot Knob, MO **63663**
CITY/STATE ZIP

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☐ The new registered agent _____
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☐ The newregistered office address _____
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3

OFFICERS

NAME AND PHYSICAL ADDRESS (P.O. BOX ALONE NOT ACCEPTABLE). MUST LIST AT LEAST ONE OFFICER BELOW. **A**

PRES	**Charles T Cadenbach**
STREET/RT	**Route 1 Box 1235731 Highay N**
CITY/STATE/ZIP	**Robertsville, MO 63072**
V-PRES	**Michael Roderman**
STREET/RT	**Route 1 Box 250**
CITY/STATE/ZIP	**Licking, MO 65542**
SEC'Y	**Twyla Warren**
STREET/RT	**106 Marie Ct Apt 78**
CITY/STATE/ZIP	**Bonne Terre, MO 63628**
TREAS	**Pauline Hollie**
STREET/RT	**115 South College**
CITY/STATE/ZIP	**Arcadia, MO 63621**

BOARD OF DIRECTORS

NAME AND PHYSICAL ADDRESS (P.O. BOX ALONE NOT ACCEPTABLE). MUST LIST AT LEAST THREE DIRECTORS BELOW. **B**

NAME	**Terry Hammer**
STREET/RT	**9557 Donald Ct**
CITY/STATE/ZIP	**St Louis, MO 63126**
NAME	**Stephen T Schulte**
STREET/RT	**120 South Main**
CITY/STATE/ZIP	**Ironton, MO 63650**
NAME	**Carl Warren**
STREET/RT	**1054 Tyler Trail**
CITY/STATE/ZIP	**Farmington, MO 63640**
NAME	
STREET/RT	
CITY/STATE/ZIP	

NAMES AND ADDRESSES OF ALL OTHER OFFICERS AND DIRECTORS ARE ATTACHED

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Authorized party or officer sign here **Walter Erich Busch** (Required)

Pleaseprintname and title of signer: **Walter Erich Busch** / **Agent**
NAME TITLE

REGISTRATION REPORT FEE IS:
____ $10.00 If filedon or before 8/31
____ $15.00 If filedafter 8/31
Corporation will be administratively dissolved if report is not filed by November 30th.

WHEN THIS FORM IS ACCEPTED BY THE SECRETARY OF STATE, BYLAW IT WILL BECOME A PUBLIC DOCUMENT AND ALL INFORMATION PROVIDED IS SUBJECT TO PUBLIC DISCLOSURE

E-MAIL ADDRESS (OPTIONAL) _____

REQUIRED INFORMATION MUST BE COMPLETE OR THE REGISTRATION REPORT WILL BE REJECTED

MAKE CHECK PAYABLE TO DIRECTOR OF REVENUE
RETURN COMPLETED REGISTRATION REPORT AND PAYMENT TO THE SECRETARY OF STATE - P.O. BOX 1366, JEFFERSON CITY, MO 65102

Robin Carnahan Secretary of State
2010 ANNUAL REGISTRATION REPORT
NONPROFIT

File Number: 201016990231
N00062283
Date Filed: 06/18/2010
Robin Carnahan
Secretary of State

REPORT DUE BY: **08/31/2010**

ORGANIZED UNDER THE LAWS OF: **Missouri**

N00062283
FRIENDS OF FORT DAVIDSON
WALTER E BUSCH
118 EAST MAPLE PO BOX 509
PILOT KNOB, MO 63663

1 **PRINCIPAL PLACE OF BUSINESS OR CORPORATE HEADQUARTERS:**
118 East Maple (Box 509)
STREET
Pilot Knob, MO **63663**
CITY/STATE ZIP

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☐ The new registered agent
IF CHANGING THE REGISTERED AGENT, AN ORIGINAL WRITTEN CONSENT FROM THE NEW REGISTERED AGENT MUST BE ATTACHED AND FILED WITH THIS REGISTRATION REPORT.
☐ The new registered office address
Must be a Missouri address, PO Box alone is not acceptable. This section is not applicable for Banks, Trusts and Foreign Insurance.

3

OFFICERS

NAME AND PHYSICAL ADDRESS (P.O. BOX ALONE NOT ACCEPTABLE). MUST LIST AT LEAST ONE OFFICER BELOW. **A**

PRES	**Charles T Cadenbach**
STREET/RT	**Route 1 Box 1235731 Highay N**
CITY/STATE/ZIP	**Robertsville, MO 63072**
V-PRES	**Michael Roderman**
STREET/RT	**Route 1 Box 250**
CITY/STATE/ZIP	**Licking, MO 65542**
SEC'Y	**Twyla Warren**
STREET/RT	**106 Marie Ct Apt 78**
CITY/STATE/ZIP	**Bonne Terre, MO 63628**
TREAS	**Sandra L Walther**
STREET/RT	**220 N College Box 381**
CITY/STATE/ZIP	**Arcadia, MO 63621-0381**

BOARD OF DIRECTORS

NAME AND PHYSICAL ADDRESS (P.O. BOX ALONE NOT ACCEPTABLE). MUST LIST AT LEAST THREE DIRECTORS BELOW. **B**

NAME	**Terry Hammer**
STREET/RT	**9557 Donald Ct**
CITY/STATE/ZIP	**St Louis, MO 63126**
NAME	**Stephen T Schulte**
STREET/RT	**120 South Main**
CITY/STATE/ZIP	**Ironton, MO 63650**
NAME	**Carl Warren**
STREET/RT	**1054 Tyler Trail**
CITY/STATE/ZIP	**Farmington, MO 63640**
NAME	.....
STREET/RT	.....
CITY/STATE/ZIP	

NAMES AND ADDRESSES OF ALL OTHER OFFICERS AND DIRECTORS ARE ATTACHED

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Authorized party or officer sign here **Walter Erich Busch** (Required)

Pleaseprintname and title of signer: **Walter Erich Busch** / **Registered Agent**
NAME TITLE

REGISTRATION REPORT FEE IS:
____ $10.00 If filed on or before 8/31
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Corporation will be administratively dissolved if report is not filed by November 30.

WHEN THIS FORM IS ACCEPTED BY THE SECRETARY OF STATE, BYLAW IT WILL BECOME A PUBLIC DOCUMENT AND ALL INFORMATION PROVIDED IS SUBJECT TO PUBLIC DISCLOSURE

E-MAIL ADDRESS (OPTIONAL) _____

REQUIRED INFORMATION MUST BE COMPLETE OR THE REGISTRATION REPORT WILL BE REJECTED
MAKE CHECK PAYABLE TO DIRECTOR OF REVENUE
RETURN COMPLETED REGISTRATION REPORT AND PAYMENT TO: Secretary of State, P.O. Box 1366, Jefferson City, MO 65102

Robin Carnahan Secretary of State
2011-2012 BIENNIAL REGISTRATION REPORT
NONPROFIT

File Number: 201121380909
N00062283
Date Filed: 08/01/2011
Robin Carnahan
Secretary of State

☑ I ELECT TO FILE A BIENNIAL REGISTRATION REPORT

REPORT DUE BY: 08/31/2011

N00062283
FRIENDS OF FORT DAVIDSON
WALTER E BUSCH
118 EAST MAPLE PO BOX 509
PILOT KNOB, MO 63663

ORGANIZED UNDER THE LAWS OF: Missouri

1 PRINCIPAL PLACE OF BUSINESS OR CORPORATE HEADQUARTERS:
118 East Maple (Box 509)
STREET
Pilot Knob, MO 63663
CITY/STATE ZIP

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3

OFFICERS

NAME AND PHYSICAL ADDRESS (P.O. BOX ALONE NOT ACCEPTABLE). MUST LIST AT LEAST ONE OFFICER BELOW. **A**

PRES	Charles T Cadenbach
STREET/RT	14350 Count Rd #8450
CITY/STATE/ZIP	Rolla, MO 65401
V-PRES	Carl Warren
STREET/RT	1054 Tyler Trail
CITY/STATE/ZIP	Farmington, MO 63640
SEC'Y	David Christopher Warren
STREET/RT	1100 North St Joe Dr Apt 21
CITY/STATE/ZIP	Park Hills, MO 63601
TREAS	Sandra L Walther
STREET/RT	220 N College Box 381
CITY/STATE/ZIP	Arcadia, MO 63621-0381

BOARD OF DIRECTORS

NAME AND PHYSICAL ADDRESS (P.O. BOX ALONE NOT ACCEPTABLE). MUST LIST AT LEAST THREE DIRECTORS BELOW. **B**

NAME	Terry Hammer
STREET/RT	9557 Donald Ct
CITY/STATE/ZIP	St Louis, MO 63126
NAME	Stephen T Schulte
STREET/RT	120 South Main
CITY/STATE/ZIP	Ironton, MO 63650
NAME	R Scott Killen
STREET/RT	c/o Fort Davidson SHS 118 East Maple Box 509
CITY/STATE/ZIP	Pilo tKno b, MO6 3663
NAME	
STREET/RT	
CITY/STATE/ZIP	

NAMES AND ADDRESSES OF ALL OTHER OFFICERS AND DIRECTORS ARE ATTACHED

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Authorized party or officer sign here: Walter E Busch (Required)

Please print name and title of signer: Walter E Busch / Agent
NAME TITLE

REGISTRATION REPORT FEE IS:
____ $20.00 If filed on or before 8/31
____ $25.00 If filed after 8/31

Corporation will be administratively dissolved if report is not filed by November 30.

WHEN THIS FORM IS ACCEPTED BY THE SECRETARY OF STATE, BYLAW IT WILL BECOME A PUBLIC DOCUMENT AND ALL INFORMATION PROVIDED IS SUBJECT TO PUBLIC DISCLOSURE

E-MAIL ADDRESS (OPTIONAL) _____

REQUIRED INFORMATION MUST BE COMPLETE OR THE REGISTRATION REPORT WILL BE REJECTED
MAKE CHECK PAYABLE TO DIRECTOR OF REVENUE
RETURN COMPLETED REGISTRATION REPORT AND PAYMENT TO: Secretary of State, P.O. Box 1366, Jefferson City, MO 65102

Jason Kander Secretary of State
2013-2014 BIENNIAL REGISTRATION REPORT
NONPROFIT

File Number: 201319280248
N00062283
Date Filed: 07/11/2013
Jason Kander
Secretary of State

☑ I ELECT TO FILE A BIENNIAL REGISTRATION REPORT

REPORT DUE BY: **08/31/2013**

N00062283
FRIENDS OF FORT DAVIDSON
WALTER E BUSCH
118 EAST MAPLE PO BOX 509
PILOT KNOB, MO 63663

ORGANIZED UNDER THE LAWS OF: **Missouri**

1 **PRINCIPAL PLACE OF BUSINESS OR CORPORATE HEADQUARTERS:**
118 East Maple (Box 509)
STREET
Pilot Knob, MO **63663**
CITY/STATE ZIP

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3

OFFICERS

NAME AND PHYSICAL ADDRESS (P.O. BOX ALONE NOT ACCEPTABLE). MUST LIST AT LEAST ONE OFFICER BELOW. **A**

PRES	**Charles T Cadenbach**
STREET/RT	**14350 Count Rd #8450**
CITY/STATE/ZIP	**Rolla, MO 65401**
V-PRES	**Carl Warren**
STREET/RT	**1054 Tyler Trail**
CITY/STATE/ZIP	**Farmington, MO 63640**
SEC'Y	**David Christopher Warren**
STREET/RT	**1100 North St Joe Dr Apt 21**
CITY/STATE/ZIP	**Park Hills, MO 63601**
TREAS	**Sandra L Walther**
STREET/RT	**220 N College Box 381**
CITY/STATE/ZIP	**Arcadia, MO 63621-0381**

BOARD OF DIRECTORS

NAME AND PHYSICAL ADDRESS (P.O. BOX ALONE NOT ACCEPTABLE). MUST LIST AT LEAST THREE DIRECTORS BELOW. **B**

NAME	**Terry Hammer**
STREET/RT	**9557 Donald Ct**
CITY/STATE/ZIP	**St Louis, MO 63126**
NAME	**Stephen T Schulte**
STREET/RT	**120 South Main**
CITY/STATE/ZIP	**Ironton, MO 63650**
NAME	**R Scott Killen**
STREET/RT	**c/o Fort Davidson SHS 118 East Maple Box 509**
CITY/STATE/ZIP	**Pilo tKno b, MO6 3663**
NAME	
STREET/RT	
CITY/STATE/ZIP	

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Pleaseprintname and title of signer: **Walter E Busch** / **Registered Agent**
NAME TITLE

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E-MAIL ADDRESS (OPTIONAL) _____

REQUIRED INFORMATION MUST BE COMPLETE OR THE REGISTRATION REPORT WILL BE REJECTED
MAKE CHECK PAYABLE TO DIRECTOR OF REVENUE
RETURN COMPLETED REGISTRATION REPORT AND PAYMENT TO: Secretary of State, P.O. Box 1366, Jefferson City, MO 65102

Jason Kander Secretary of State
2015 ANNUAL REGISTRATION REPORT
NONPROFIT

N00062283
Date Filed: 6/29/2015
Jason Kander
Missouri Secretary of State

* **SECTION 1, 3 & 4 ARE REQUIRED**

REPORT DUE BY: **8/31/2015**

N00062283
FRIENDS OF FORT DAVIDSON
WALTER E BUSCH
118 EAST MAPLE PO BOX 509
PILOT KNOB MO 63663

ORGANIZED UNDER THE LAWS OF:
Missouri

1 **PRINCIPAL PLACE OF BUSINESS OR CORPORATE HEADQUARTERS:** *

118 East Maple (Box 509) (Required)

STREET

Pilot Knob **MO** **63663**

CITY/ STATE ZIP

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☐ The new registered agent

IF CHANGING THE REGISTERED AGENT, AN ORIGINAL WRITTEN CONSENT FROM THE NEW REGISTERED AGENT MUST BE ATTACHED AND FILED WITH THIS REGISTRATION REPORT.

☐ The new registered office address

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3 *

OFFICERS — NAME AND PHYSICAL ADDRESS (P.O. BOX ALONE NOT ACCEPTABLE). **A**
MUST LIST PRESIDENT AND SECRETARY BELOW

PRESIDENT	**Cadenbach, Charles T**	
STREET	**14350 County Rd #8450**	
CITY/STATE/ZIP	**Rolla MO 65401**	
SECRETARY	**Schulte, Stephen**	
STREET	**120 South Main**	
CITY/STATE/ZIP	**Ironton MO 63650**	
VICE PRESIDENT	**Warren, Carl**	
STREET	**1054 Tyler Trail**	
CITY/STATE/ZIP	**Farmington MO 63640**	
TREASURER	**Schulte, Stephen**	
STREET	**120 South Main**	
CITY/STATE/ZIP	**Ironton MO 63650**	

BOARD OF DIRECTORS — NAME AND PHYSICAL ADDRESS (P.O. BOX ALONE NOT ACCEPTABLE). **B**
MUST LIST AT LEAST THREE DIRECTORS BELOW

NAME	**Warren, David Christopher**	
STREET	**1100 No St Joe Dr Apt 21**	
CITY/STATE/ZIP	**Park Hills MO 63601**	
NAME	**Abney, John**	
STREET	**3792 Hwy F**	
CITY/STATE/ZIP	**Annapolis MO 63620**	
NAME	**Killen, R Scott**	
STREET	**118 E Maple St #509**	
CITY/STATE/ZIP	**Pilot Knob MO 63663**	
NAME		
STREET		
CITY/STATE/ZIP		

NAMES AND ADDRESSES OF ALL OTHER OFFICERS AND DIRECTORS ARE ATTACHED

4 The undersigned understands that false statements made in this report are punishable for the crime of making a false declaration under Section 576.060 RSMo. Photocopy or stamped signature not acceptable. *

Authorized party or officer sign here **Walter E Busch** (Required)

Please print name and title of signer: **Walter E Busch** / **Other**
NAME TITLE

REGISTRATION REPORT FEE IS:
__$10.00 If filed on or before 8/31/2015
__$15.00 If filed after 9/30/2015

Corporation will be administratively dissolved if report is not filed by 11/29/2016

WHEN THIS FORM IS ACCEPTED BY THE SECRETARY OF STATE, BY LAW IT WILL BECOME A PUBLIC DOCUMENT AND ALL INFORMATION PROVIDED IS SUBJECT TO PUBLIC DISCLOSURE

E-MAIL ADDRESS (OPTIONAL): **webusch@hotmail.com**

REQUIRED INFORMATION MUST BE COMPLETE OR THE REGISTRATION REPORT WILL BE REJECTED
RETURN COMPLETED REGISTRATION REPORT AND PAYMENT TO: Secretary of State, P.O. Box 1366, Jefferson City, MO 65102

Jason Kander Secretary of State
2016 ANNUAL REGISTRATION REPORT
NONPROFIT

N00062283
Date Filed: 6/14/2016
Jason Kander
Missouri Secretary of State

* **SECTION 1, 3 & 4 ARE REQUIRED**

REPORT DUE BY: **8/31/2016**

N00062283
FRIENDS OF FORT DAVIDSON
WALTER E BUSCH
118 EAST MAPLE PO BOX 509
PILOT KNOB MO 63663

ORGANIZED UNDER THE LAWS OF:
Missouri

1 **PRINCIPAL PLACE OF BUSINESS OR CORPORATE HEADQUARTERS:** *

118 East Maple (Box 509) (Required)

STREET
Pilot Knob **MO** **63663**
CITY/ STATE ZIP

2 **If changing the registered agent and/or registered office address, please check the appropriate box(es) and fill in the necessary information.**

☐ The new registered agent

IF CHANGING THE REGISTERED AGENT, AN ORIGINAL WRITTEN CONSENT FROM THE NEW REGISTERED AGENT MUST BE ATTACHED AND FILED WITH THIS REGISTRATION REPORT.

☐ The new registered office address

Must be a Missouri address, PO Box alone is not acceptable. This section is not applicable for Banks, Trusts and Foreign Insurance.

3

OFFICERS A
NAME AND PHYSICAL ADDRESS (P.O. BOX ALONE NOT ACCEPTABLE).
MUST LIST PRESIDENT AND SECRETARY BELOW

PRESIDENT	**Cadenbach, Charles T**	
STREET	**14350 County Rd #8450**	
CITY/STATE/ZIP	**Rolla MO 65401**	
SECRETARY	**Schulte, Stephen**	
STREET	**120 South Main**	
CITY/STATE/ZIP	**Ironton MO 63650**	
VICE PRESIDENT	**Warren, Carl**	
STREET	**1054 Tyler Trail**	
CITY/STATE/ZIP	**Farmington MO 63640**	
TREASURER	**Schulte, Stephen**	
STREET	**120 South Main**	
CITY/STATE/ZIP	**Ironton MO 63650**	

BOARD OF DIRECTORS B *
NAME AND PHYSICAL ADDRESS (P.O. BOX ALONE NOT ACCEPTABLE).
MUST LIST AT LEAST THREE DIRECTORS BELOW

NAME	**Warren, David Christopher**	
STREET	**1100 No St Joe Dr Apt 21**	
CITY/STATE/ZIP	**Park Hills MO 63601**	
NAME	**Abney, John**	
STREET	**3792 Hwy F**	
CITY/STATE/ZIP	**Annapolis MO 63620**	
NAME	**Killen, R Scott**	
STREET	**118 E Maple St #509**	
CITY/STATE/ZIP	**Pilot Knob MO 63663**	
NAME		
STREET		
CITY/STATE/ZIP		

NAMES AND ADDRESSES OF ALL OTHER OFFICERS AND DIRECTORS ARE ATTACHED

4 The undersigned understands that false statements made in this report are punishable for the crime of making a false declaration under Section 576.060 RSMo. Photocopy or stamped signature not acceptable. *

Authorized party or officer sign here **Walter E Busch** (Required)

Please print name and title of signer: **Walter E Busch** / **Other**
NAME TITLE

REGISTRATION REPORT FEE IS:
__$10.00 If filed on or before 8/31/2016
__$15.00 If filed after 9/30/2016

Corporation will be administratively dissolved if report is not filed by 11/29/2017

WHEN THIS FORM IS ACCEPTED BY THE SECRETARY OF STATE, BY LAW IT WILL BECOME A PUBLIC DOCUMENT AND ALL INFORMATION PROVIDED IS SUBJECT TO PUBLIC DISCLOSURE

E-MAIL ADDRESS (OPTIONAL): **wbusch@suvcwmo.org**

REQUIRED INFORMATION MUST BE COMPLETE OR THE REGISTRATION REPORT WILL BE REJECTED
RETURN COMPLETED REGISTRATION REPORT AND PAYMENT TO: Secretary of State, P.O. Box 1366, Jefferson City, MO 65102

John R. Ashcroft Secretary of State

2017-2018 BIENNIAL REGISTRATION REPORT

NONPROFIT

N00062283
Date Filed: 6/27/2017
John R. Ashcroft
Missouri Secretary of State

☑ IELECT TO FILE A BIENNIAL REGISTRATION REPORT

* **SECTION 1, 3 & 4 ARE REQUIRED**

REPORT DUE BY: **8/31/2017**

N00062283
FRIENDS OF FORT DAVIDSON
WALTER E BUSCH
118 EAST MAPLE PO BOX 509
PILOT KNOB MO 63663

ORGANIZED UNDER THE LAWS OF:
Missouri

1 **PRINCIPAL PLACE OF BUSINESS OR CORPORATE HEADQUARTERS:** *

118 East Maple (Box 509) (Required)

STREET

Pilot Knob **MO** **63663**

CITY/ STATE ZIP

2 **If changing the registered agent and/or registered office address, please check the appropriate box(es) and fill in the necessary information.**

☐ The new registered agent

IF CHANGING THE REGISTERED AGENT, AN ORIGINAL WRITTEN CONSENT FROM THE NEW REGISTERED AGENT MUST BE ATTACHED AND FILED WITH THIS REGISTRATION REPORT.

☐ The new registered office address

Must be a Missouri address, PO Box alone is not acceptable. This section is not applicable for Banks, Trusts and Foreign Insurance.

3

OFFICERS — NAME AND PHYSICAL ADDRESS (P.O. BOX ALONE NOT ACCEPTABLE). **MUST LIST PRESIDENT AND SECRETARY BELOW** **A**

PRESIDENT	**Cadenbach, Charles T**	
STREET	**14350 County Rd #8450**	
CITY/STATE/ZIP	**Rolla MO 65401**	
SECRETARY	**Busch, Walter E**	
STREET	**1240 Konert Valley Dr**	
CITY/STATE/ZIP	**Fenton MO 63026**	
VICE PRESIDENT	**Warren, Carl**	
STREET	**1054 Tyler Trail**	
CITY/STATE/ZIP	**Farmington MO 63640**	
TREASURER	**Schulte, Stephen**	
STREET	**120 South Main**	
CITY/STATE/ZIP	**Ironton MO 63650**	

BOARD OF DIRECTORS — NAME AND PHYSICAL ADDRESS (P.O. BOX ALONE NOT ACCEPTABLE). **MUST LIST AT LEAST THREE DIRECTORS BELOW** **B** *

NAME	**Warren, David Christopher**	
STREET	**1100 No St Joe Dr Apt 21**	
CITY/STATE/ZIP	**Park Hills MO 63601**	
NAME	**Abney, John**	
STREET	**3792 Hwy F**	
CITY/STATE/ZIP	**Annapolis MO 63620**	
NAME	**Killen, R Scott**	
STREET	**118 E Maple St #509**	
CITY/STATE/ZIP	**Pilot Knob MO 63663**	
NAME		
STREET		
CITY/STATE/ZIP		

NAMES AND ADDRESSES OF ALL OTHER OFFICERS AND DIRECTORS ARE ATTACHED

4 The undersigned understands that false statements made in this report are punishable for the crime of making a false declaration under Section 576.060 RSMo. Photocopy or stamped signature not acceptable. *

Authorized party or officer sign here **Walter E Busch** (Required)

Please print name and title of signer: **Walter E Busch** / **Secretary**

NAME TITLE

REGISTRATION REPORT FEE IS:
__$20.00 If filed on or before 8/31/2017
__$25.00 If filed after 9/30/2017

Corporation will be administratively dissolved if report is not filed by 11/29/2019

WHEN THIS FORM IS ACCEPTED BY THE SECRETARY OF STATE, BY LAW IT WILL BECOME A PUBLIC DOCUMENT AND ALL INFORMATION PROVIDED IS SUBJECT TO PUBLIC DISCLOSURE

E-MAIL ADDRESS (OPTIONAL): **webusch@hotmail.com**

REQUIRED INFORMATION MUST BE COMPLETE OR THE REGISTRATION REPORT WILL BE REJECTED

RETURN COMPLETED REGISTRATION REPORT AND PAYMENT TO: Secretary of State, P.O. Box 1366, Jefferson City, MO 65102

John R. Ashcroft Secretary of State

2019-2020 BIENNIAL REGISTRATION REPORT

NONPROFIT

N00062283
Date Filed: 5/24/2019
John R. Ashcroft
Missouri Secretary of State

☑ IELECT TO FILE A BIENNIAL REGISTRATION REPORT

* **SECTION 1, 3 & 4 ARE REQUIRED**

REPORT DUE BY: **8/31/2019**

N00062283
FRIENDS OF FORT DAVIDSON
WALTER E BUSCH
118 EAST MAPLE PO BOX 509
PILOT KNOB MO 63663

ORGANIZED UNDER THE LAWS OF:
Missouri

1 PRINCIPAL PLACE OF BUSINESS OR CORPORATE HEADQUARTERS: *

118 East Maple (Box 509) (Required)

STREET

Pilot Knob MO 63663

CITY/ STATE ZIP

2 If changing the registered agent and/or registered office address, please check the appropriate box(es) and fill in the necessary information.

☐ The new registered agent

IF CHANGING THE REGISTERED AGENT, AN ORIGINAL WRITTEN CONSENT FROM THE NEW REGISTERED AGENT MUST BE ATTACHED AND FILED WITH THIS REGISTRATION REPORT.

☒ The new registered office address **1240 Konert Valley Dr Fenton MO 63026**

Must be a Missouri address, PO Box alone is not acceptable. This section is not applicable for Banks, Trusts and Foreign Insurance.

3

OFFICERS A

NAME AND PHYSICAL ADDRESS (P.O. BOX ALONE NOT ACCEPTABLE).
MUST LIST PRESIDENT AND SECRETARY BELOW

PRESIDENT	**Cadenbach, Charles T**
STREET	**14350 County Rd #8450**
CITY/STATE/ZIP	**Rolla MO 65401**
SECRET.ARY	**Busch, Walter E**
STREET	**1240 Konert Valley Dr**
CITY/STATE/ZIP	**Fenton MO 63026**
VICE PRESIDENT	**Warren, Carl**
STREET	**1054 Tyler Trail**
CITY/STATE/ZIP	**Farmington MO 63640**
TREASURER	**Busch, Walter E**
STREET	**1240 Konert Valley Dr**
CITY/STATE/ZIP	**Fenton MO 63026**

BOARD OF DIRECTORS B *

NAME AND PHYSICAL ADDRESS (P.O. BOX ALONE NOT ACCEPTABLE).
MUST LIST AT LEAST THREE DIRECTORS BELOW

NAME	**Schulte, Stephen**
STREET	**120 South Main St**
CITY/STATE/ZIP	**Ironton MO 63650**
NAME	**Abney, John**
STREET	**3792 Hwy F**
CITY/STATE/ZIP	**Annapolis MO 63620**
NAME	**Killen, R Scott**
STREET	**118 E Maple St #509**
CITY/STATE/ZIP	**Pilot Knob MO 63663**
NAME	
STREET	
CITY/STATE/ZIP	

NAMES AND ADDRESSES OF ALL OTHER OFFICERS AND DIRECTORS ARE ATTACHED

4 The undersigned understands that false statements made in this report are punishable for the crime of making a false declaration under Section 575.060 RSMo. Photocopy or stamped signature not acceptable. *

Authorized party or officer sign here **Walter E Busch** (Required)

Please print name and title of signer: **Walter E Busch** / **Secretary**

NAME TITLE

REGISTRATION REPORT FEE IS:
__$20.00 If filed on or before 8/31/2019
__$25.00 If filed after 9/30/2019

Corporation will be administratively dissolved if report is not filed by 11/29/2021

WHEN THIS FORM IS ACCEPTED BY THE SECRETARY OF STATE, BY LAW IT WILL BECOME A PUBLIC DOCUMENT AND ALL INFORMATION PROVIDED IS SUBJECT TO PUBLIC DISCLOSURE

E-MAIL ADDRESS (OPTIONAL): **webusch@hotmail.com**

REQUIRED INFORMATION MUST BE COMPLETE OR THE REGISTRATION REPORT WILL BE REJECTED

RETURN COMPLETED REGISTRATION REPORT AND PAYMENT TO: Secretary of State, P.O. Box 778, Jefferson City, MO 65102