

**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**

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

ORGANIZED UNDER THE LAWS OF:  
**Missouri**

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

**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.**

OFFICERS		BOARD OF DIRECTORS	
NAME AND PHYSICAL ADDRESS (P.O. BOX ALONE NOT ACCEPTABLE). <u>MUST LIST AT LEAST ONE OFFICER BELOW.</u> <b>A</b>		NAME AND PHYSICAL ADDRESS (P.O. BOX ALONE NOT ACCEPTABLE). <u>MUST LIST AT LEAST THREE DIRECTORS BELOW.</u> <b>B</b>	
<b>PRES</b>	<b>Charles T Cadenbach</b>	<b>NAME</b>	<b>Terry Hammer</b>
STREET/RT	<b>Route 1 Box 1235731 Highay N</b>	STREET/RT	<b>9557 Donald Ct</b>
CITY/STATE/ZIP	<b>Robertsville, MO 63072</b>	CITY/STATE/ZIP	<b>St Louis , MO 63126</b>
<b>V-PRES</b>	<b>Michael Roderman</b>	<b>NAME</b>	<b>Stephen T Schulte</b>
STREET/RT	<b>Route 1 Box 250</b>	STREET/RT	<b>120 South Main</b>
CITY/STATE/ZIP	<b>Licking, MO 65542</b>	CITY/STATE/ZIP	<b>Ironton, MO 63650</b>
<b>SEC'Y</b>	<b>Twyla Warren</b>	<b>NAME</b>	<b>Carl Warren</b>
STREET/RT	<b>106 Marie Ct Apt 78</b>	STREET/RT	<b>1054 Tyler Trail</b>
CITY/STATE/ZIP	<b>Bonne Terre, MO 63628</b>	CITY/STATE/ZIP	<b>Farmington, MO 63640</b>
<b>TREAS</b>	<b>Sandra L Walther</b>	<b>NAME</b>	.....
STREET/RT	<b>220 N College Box 381</b>	STREET/RT	.....
CITY/STATE/ZIP	<b>Arcadia, MO 63621-0381</b>	CITY/STATE/ZIP	.....
NAMES AND ADDRESSES OF ALL OTHER OFFICERS AND DIRECTORS ARE ATTACHED			

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)

**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 30.

**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: Secretary of State, P.O. Box 1366, Jefferson City, MO 65102