

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 762295 (4)

1. Corporation Name
339TH FIGHTER GROUP ASSOCIATION, INC.



Principal Place of Business: C/O JAMES R. STARNES, P.O. BOX 251, LUTZ FL 33549-7251
Mailing Address: C/O JAMES R. STARNES, P.O. BOX 251, LUTZ FL 33549-7251

3. Date Incorporated or Qualified: 03/04/1982
3a. Date of Last Report: 02/07/1995
4. FEI Number: 59-2176422
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business (21-24)
2a. Mailing Address (26-30)

9. Name and Address of Current Registered Agent: STARNES, JAMES R., 19410 U. S. HIGHWAY 41, LUTZ FL 33549
10. Name and Address of New Registered Agent (81-85)

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: SD NAME: CONLEY, STERLING A. STREET ADDRESS: P. O. BOX 590 NA CITY-ST-ZIP: PORTERVILLE CA	<input type="checkbox"/> DELETE	11 TITLE: VD 12 NAME: 13 STREET ADDRESS: 14 CITY-ST-ZIP:	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: TD NAME: GUYTON, WILLIAM R. STREET ADDRESS: 1040 COCKRILL ST. CITY-ST-ZIP: VENICE FL	<input type="checkbox"/> DELETE	21 TITLE: 22 NAME: 23 STREET ADDRESS: 1272 LAKESIDE WOODS DR. 24 CITY-ST-ZIP: VENICE, FL 34292	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VD NAME: POWELL, LAWRENCE J STREET ADDRESS: 17270 DEVONSHIRE ST CITY-ST-ZIP: NORTHRIDGE CA	<input type="checkbox"/> DELETE	31 TITLE: PD 32 NAME: 33 STREET ADDRESS: 34 CITY-ST-ZIP:	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: EISENHART, LEE D STREET ADDRESS: RD 1 BOX 501 NA CITY-ST-ZIP: LAKE ARIEL PA	<input type="checkbox"/> DELETE	41 TITLE: 42 NAME: 43 STREET ADDRESS: 44 CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: PD NAME: GERARD, FRANCIS R STREET ADDRESS: 1103 BRADFORD DR CITY-ST-ZIP: POINT PLEASANT NJ	<input checked="" type="checkbox"/> DELETE	51 TITLE: SD 52 NAME: ANANIAN, STEPHEN C. 53 STREET ADDRESS: 984 GLACKENS LANE 54 CITY-ST-ZIP: WILMINGTON, DE 19808	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> DELETE	61 TITLE: 62 NAME: 63 STREET ADDRESS: 64 CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

SIGNATURE: William R. Guyton, Treas. 1-19-96 941-485-7289
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)