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Jan 22 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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 Mailing Address
C/O JAMES R. STARNES
P.O. BOX 251
LUTZ FL 33549-0251
US

3. Date Incorporated or Qualified 03/04/1982
3a. Date of Last Report 01/25/1996

2. Principal Place of Business 21 19410 U.S. HIGHWAY 41
2a. Mailing Address 26

4. FEI Number 59-2176422
Applied For Not Applicable

Suite, Apt. #, etc. 22

5. Certificate of Status Desired \$8.75 Additional Fee Required

City & State 23 LUTZ FL

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

Zip 24 33549 Country 25 US

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

STARNES, JAMES R.
19410 U. S. HIGHWAY 41
LUTZ FL 33549

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 _____ DATE _____
Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CONLEY, STERLING A.	1.2 NAME	
STREET ADDRESS	P. O. BOX 590 NA	1.3 STREET ADDRESS	
CITY-ST-ZIP	PORTERVILLE CA	1.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUYTON, WILLIAM R.	2.2 NAME	
STREET ADDRESS	1272 LAKESIDE WOODS DR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	VENICE FL	2.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POWELL, LAWRENCE J	3.2 NAME	
STREET ADDRESS	17270 DEVONSHIRE ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	NORTHBRIDGE CA	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EISENHART, LEE D	4.2 NAME	
STREET ADDRESS	RD 1 BOX 501 NA	4.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE ARIEL PA	4.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANANIAN, STEPHEN	5.2 NAME	
STREET ADDRESS	984 GLACKENS LANE	5.3 STREET ADDRESS	
CITY-ST-ZIP	WILMINGTON DE	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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* WILLIAM R. GUYTON, Treas. 1-11-97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0045900

CR2E037 (9/96)