

**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**Feb 02 1998 8:00am  
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 762295 (4)**  
1. Corporation Name  
**339TH FIGHTER GROUP ASSOCIATION, INC.**



Principal Place of Business <b>19410 US HWY 41 LUTZ FL 33549 US</b>	Mailing Address <b>C/O JAMES R. STARNES P.O. BOX 251 LUTZ FL 33549-0251 US</b>
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3. Date Incorporated or Qualified <b>03/04/1982</b>		
4. FEI Number <b>59-2176422</b>	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>
City & State <b>23</b>	City & State <b>28</b>
Zip <b>24</b>	Country <b>25</b>
Zip <b>29</b>	Country <b>30</b>

**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**

<b>81</b> Name
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)
<b>83</b>
<b>84</b> City
<b>85</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>VD</b>	<input type="checkbox"/> DELETE	1.1 TITLE <b>PD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>CONLEY, STERLING A.</b>		1.2 NAME	
STREET ADDRESS <b>P. O. BOX 590 NA</b>		1.3 STREET ADDRESS	
CITY-ST-ZIP <b>PORTERVILLE CA</b>		1.4 CITY-ST-ZIP	
TITLE <b>TD</b>	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>GUYTON, WILLIAM R.</b>		2.2 NAME	
STREET ADDRESS <b>1272 LAKESIDE WOODS DR.</b>		2.3 STREET ADDRESS	
CITY-ST-ZIP <b>VENICE FL</b>		2.4 CITY-ST-ZIP	
TITLE <b>PD</b>	<input checked="" type="checkbox"/> DELETE	3.1 TITLE <b>VD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>POWELL, LAWRENCE J</b>		3.2 NAME	
STREET ADDRESS <b>17270 DEVONSHIRE ST</b>		3.3 STREET ADDRESS <b>STEFFEN, CHARLES J</b>	
CITY-ST-ZIP <b>NORTHBRIDGE CA</b>		3.4 CITY-ST-ZIP <b>4212 WOODRIDGE DR SW ROANOKE VA 24018</b>	
TITLE <b>D</b>	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>EISENHART, LEE D</b>		4.2 NAME	
STREET ADDRESS <b>RD 1 BOX 501 NA</b>		4.3 STREET ADDRESS	
CITY-ST-ZIP <b>LAKE ARIEL PA</b>		4.4 CITY-ST-ZIP	
TITLE <b>SD</b>	<input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>ANANIAN, STEPHEN</b>		5.2 NAME	
STREET ADDRESS <b>984 GLACKENS LANE</b>		5.3 STREET ADDRESS <b>4 N ORCHARD FARMS AVE</b>	
CITY-ST-ZIP <b>WILMINGTON DE</b>		5.4 CITY-ST-ZIP <b>SIMPSONVILLE SC 29681</b>	
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 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.

SIGNATURE: William Powell 1/10/98 941-485-7289

CR2E037 (10/97)