


FILE NOW: FILING FEE IS \$61.25

FILED
Mar 03, 1999 8:00 am
Secretary of State

03-03-1999 90037 005 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
---	---	--

DOCUMENT # 762295

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

Principal Place of Business 19410 US HWY 41 LUTZ FL 33549 US	Mailing Address C/O JAMES R. STARNES P.O. BOX 251 LUTZ FL 33549-0251 US
---	---



2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 25 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified 03/04/1982	4. FEI Number 59-2176422 Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
--	---	---	--	--	---

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD <input type="checkbox"/> DELETE	1.1 TITLE	PD <input checked="" 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	43555 HWY 41-B3
CITY-ST-ZIP	PORTERVILLE CA	1.4 CITY-ST-ZIP	OAKHURST CA 93644
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 checked="" type="checkbox"/> DELETE	3.1 TITLE	VD <input checked="" type="checkbox"/> Addition
NAME	POWELL, LAWRENCE J	3.2 NAME	STEFFEN, CHARLES J.
STREET ADDRESS	17270 DEVONSHIRE ST	3.3 STREET ADDRESS	4212 WOODRIDGE DR. S.W.
CITY-ST-ZIP	NORTHRIDGE CA	3.4 CITY-ST-ZIP	ROANOKE, VA 24018
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANANIAN, STEPHEN	5.2 NAME	
STREET ADDRESS	984 GLACKENS LANE	5.3 STREET ADDRESS	4 N. ORCHARD FARMS AVE.
CITY-ST-ZIP	WILMINGTON DE	5.4 CITY-ST-ZIP	SIMPSONVILLE, SC 29681
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, with all other like empowered.

SIGNATURE: William R. Guyton **WILLIAM R. GUYTON** Feb 8, 1999 941-485-7289
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

00483000 CR2E037 (1/98)