

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

25 MAY -1 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N94000002539 (4)

1. Corporation Name

THE 388TH BOMB GROUP ASSOCIATION, INC.

Principal Place of Business

Mailing Address

1925 SE 37TH ST.
CAPE CORAL FL 33904-5076

1925 SE 37TH ST.
CAPE CORAL FL 33904-5076

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **05/20/1994** 3a. Date of Last Report **N/A**

4. FEL Number **EN 65-0560 339** Applied For Not Applicable

2. Principal Place of Business

26. Mailing Address

21 **1977 N. GULF SHORE BLVD**

26 **1977 N. GULF SHORE BLVD**

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **APT 602**

27 **APT 602 % J.R. SWIHART**

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

City & State

City & State

23 **NAPLES, FL**

28 **NAPLES, FL.**

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**

Zip

Country

Zip

Country

24 **33940**

25 **V. S. A.**

29 **33940**

30 **V. S. A.**

8. This corporation has authority for charitable tax under § 170(b)(2)(C), Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HUNTZINGER, EDWARD J
1925 SE 37TH ST.
CAPE CORAL FL 33904-5076

81 Name **J. R. SWIHART**
82 Street Address (P.O. Box Number is Not Acceptable) **1977 N. GULF SHORE BLVD**
83 **APT. 602**
84 City **NAPLES** FL 85 Zip Code **33940**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature: Type or printed name of registered agent and file if applicable

NOTE: The registered agent signature required at the time of filing

DATE

J. R. Swihart 12-MAY-1995

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	WORMS, DELBERT
STREET ADDRESS	1616 WAR EAGLE DR.
CITY-ST-ZIP	N. LITTLE ROCK AR 72116
TITLE	D
NAME	RIPLEY, JAMES
STREET ADDRESS	200 E. GRAND
CITY-ST-ZIP	LAMONTE MO 65337-9103
TITLE	D
NAME	SWIHART, ROGER
STREET ADDRESS	1977 GULF SHORE BLVD.
CITY-ST-ZIP	N. NAPLES FL 33940
TITLE	D
NAME	WILSON, ELMER
STREET ADDRESS	RT. 2, BOX 781
CITY-ST-ZIP	MARION LA 71260
TITLE	D
NAME	WILDMAN, OMER
STREET ADDRESS	629 CENTER ST.
CITY-ST-ZIP	FRANKLIN IN 46131
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	ROBERT DAVIES
33 STREET ADDRESS	2027 WESTSIDE DRIVE
34 CITY-ST-ZIP	ROCHESTER, NEW YORK 14624
41 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	CLIFFORD TURNER
43 STREET ADDRESS	1209 APACHE LANE
44 CITY-ST-ZIP	PEORIA, ILLINOIS 61607
51 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	MANUEL HEAD
53 STREET ADDRESS	2360 LINCOLN AVE
54 CITY-ST-ZIP	SAN JOSE, CALIFORNIA 95125
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing has voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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 in an attachment with an address.

SIGNATURE

James W. Ripley

James W. Ripley, President 4/22/1995 (B16)347-5679

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Number