

**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 # N94000002539 (4)**

1. Corporation Name

**THE 388TH BOMB GROUP ASSOCIATION, INC.**



Principal Place of Business

Mailing Address

1977 N GULFSHORE BLVD  
APT 602  
NAPLES FL 33940  
US

1977 N GULFSHORE BLVD  
APT 602. C/O J K SWIHART  
NAPLES FL 33940  
US

3. Date Incorporated or Qualified  
**05/20/1994**

3a. Date of Last Report  
**05/01/1995**

2. Principal Place of Business

2a. Mailing Address

21 **No Change**

26 **No Change**

4. FEI Number  
**65-0560339**

Applied For  
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

City & State

City & State

6. Election Campaign Financing Trust Fund Contribution

**\$5.00** May Be Added to Fees

Zip

Country

Zip

Country

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SWIHART, J R  
1977 N GULFSHORE BLVD  
APT 602  
NAPLES FL 33940

61 Name

62 Street Address (P.O. Box Number is Not Acceptable)

63

64 City

FL

65 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 **J. R. Swihart**

Signature, typed or printed name of registered agent applies. (Applicable)

(NOTE: Registered agent signature required when reinstating)

DATE

**4-8-96**

12. OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>WORMS, DELBERT</b>	
STREET ADDRESS	<b>1816 WAR EAGLE DR.</b>	
CITY-ST-ZIP	<b>N. LITTLE ROCK AR 72116</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>RIPLEY, JAMES</b>	
STREET ADDRESS	<b>200 E. GRAND</b>	
CITY-ST-ZIP	<b>LAMONTE MO 65337-9103</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>DAVIES, ROBERT</b>	
STREET ADDRESS	<b>2027 WESTSIDE DRIVE</b>	
CITY-ST-ZIP	<b>ROCHESTER NY</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>TURNER, CLIFFORD</b>	
STREET ADDRESS	<b>1209 APACHE LANE</b>	
CITY-ST-ZIP	<b>PEORIA IL</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>HEAD, MANUEL</b>	
STREET ADDRESS	<b>2360 LINCOLN AVE</b>	
CITY-ST-ZIP	<b>SAN JOSE CA</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11 TITLE	<b>Director</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	<b>Casebere, Milton</b>	
13 STREET ADDRESS	<b>532 Mound Ave.</b>	
14 CITY-ST-ZIP	<b>Mankato, MN 56001</b>	
21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		
31 TITLE	<b>Director, President</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE	<b>Director</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42 NAME	<b>Cunliffe, Robert</b>	
43 STREET ADDRESS	<b>295 Parkway Drive</b>	
44 CITY-ST-ZIP	<b>Pittsburgh, PA 15228</b>	
51 TITLE	<b>Director, Vice President</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
52 NAME	<b>Simmon, Robert</b>	
53 STREET ADDRESS	<b>101 Charlotte Drive</b>	
54 CITY-ST-ZIP	<b>Cabot, AR 72025</b>	
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 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:

**Robert Davis President**

**4-18-96**

Date

**716-594-2960**

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)