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Jun 02 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
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 34102  
1977 N GULFSHORE BLVD APT 602 C/O J R SWIHART NAPLES FL 34102-4677 US

3. Date Incorporated or Qualified 05/20/1994  
3a. Date of Last Report 04/29/1996  
4. FEI Number 65-0560339 Applied For Not Applicable  
5. Certificate of Status Desired \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

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

9. Name and Address of Current Registered Agent  
SWIHART, J R  
1977 N GULFSHORE BLVD  
APT 602  
NAPLES FL 34102

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83 800002208118  
-06/11/97--01003--004  
84 City \*\*\*61.25 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	CASEBERE, MILTON
STREET ADDRESS	532 MOUND AVENUE
CITY-ST-ZIP	MANKATO MN
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	RIPLEY, JAMES
STREET ADDRESS	200 E. GRAND
CITY-ST-ZIP	LAMONTE MO 65337-9103
TITLE	DP <input type="checkbox"/> DELETE
NAME	DAVIES, ROBERT
STREET ADDRESS	2027 WESTSIDE DRIVE
CITY-ST-ZIP	ROCHESTER NY 14624
TITLE	D <input type="checkbox"/> DELETE
NAME	CUNLIFFE, ROBERT
STREET ADDRESS	295 PARKWAY DRIVE
CITY-ST-ZIP	PITTSBURG PA 15228
TITLE	DVP <input type="checkbox"/> DELETE
NAME	SIMMON, ROBERT
STREET ADDRESS	101 CHARLOTTE AVENUE
CITY-ST-ZIP	CABOT AR 72023
TITLE	DT <input type="checkbox"/> DELETE
NAME	Finkbeiner, Clarence
STREET ADDRESS	3901 S.E. 9th Ct.
CITY-ST-ZIP	Cape Coral, FL 33904

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Daniels, Wayne W.
1.3 STREET ADDRESS	P.O. Box 233275 INA
1.4 CITY-ST-ZIP	Anchorage, AK 99523
2.1 TITLE	2nd Vice Pres. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Clemer, Jack M.
2.3 STREET ADDRESS	4498 Goat Creek Rd.
2.4 CITY-ST-ZIP	Kerrville, TX 78028
3.1 TITLE	Senior Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Davies, Robert
3.3 STREET ADDRESS	2027 Westside Drive
3.4 CITY-ST-ZIP	Rochester, NY 14624
4.1 TITLE	1st Vice President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Cunliffe, Robert
4.3 STREET ADDRESS	295 Parkway Drive
4.4 CITY-ST-ZIP	Pittsburgh, PA 15228
5.1 TITLE	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Simmon, Robert
5.3 STREET ADDRESS	101 Charlotte Ave.
5.4 CITY-ST-ZIP	Cabot, AR 72023
6.1 TITLE	Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Finkbeiner, Clarence
6.3 STREET ADDRESS	3901 S.E. 9th Ct.
6.4 CITY-ST-ZIP	Cape Coral, FL 33904

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 199.07(3)(f), 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.

CR2E037 (9/96)

*[Handwritten signature]*