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May 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

**3901 S.E. 9TH COURT
 CAPE CORAL FL 33904-5214
 US**

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 CAPE CORAL FL 33904-5214
 US**

3. Date Incorporated or Qualified
05/20/1994

4. FEI Number
65-0560339

Applied For
 Yes Not Applicable

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

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

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

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

**FINKBEINER, CLARENCE E
 3901 S.E. 9TH COURT
 CAPE CORAL FL 33904-5214**

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

TITLE	D	<input type="checkbox"/> DELETE
NAME	DANIELS, WAYNE W	
STREET ADDRESS	P.O. BOX 233275 N/A	
CITY-ST-ZIP	ANCHORAGE AK 99523	
TITLE	2VP	<input type="checkbox"/> DELETE
NAME	CLEMER, JACK M	
STREET ADDRESS	4408 GOAT CREEK RD	
CITY-ST-ZIP	KEARVILLE TX 78028	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	DAVIES, ROBERT	
STREET ADDRESS	2027 WESTSIDE DRIVE	
CITY-ST-ZIP	ROCHESTER NY 14824	
TITLE	1VP	<input type="checkbox"/> DELETE
NAME	CUNLIFFE, ROBERT	
STREET ADDRESS	295 PARKWAY DRIVE	
CITY-ST-ZIP	PITTSBURGH PA 15228	
TITLE	P	<input type="checkbox"/> DELETE
NAME	SIMMON, ROBERT	
STREET ADDRESS	101 CHARLOTTE AVENUE DRIVE	
CITY-ST-ZIP	CABOT AR 72023	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	FINKBEINER, CLARENCE E.	
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	FIRST VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	GOODMAN, GILBERT E.	
1.3 STREET ADDRESS	1101 GARRIDO CT.	
1.4 CITY-ST-ZIP	CAMARILLO, CA 93010-1022	
2.1 TITLE	2ND VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	WARD, BOB R (NA)	
2.3 STREET ADDRESS	P.O. BOX 6	
2.4 CITY-ST-ZIP	CANADIAN, TX 79014	
3.1 TITLE	SECRETARY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	RIPLEY, JAMES W.	
3.5 STREET ADDRESS	2005 GRAND ST.	
3.4 CITY-ST-ZIP	LAMONTE, MO 65337-9703	
4.1 TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	CUNLIFFE, ROBERT	
4.3 STREET ADDRESS	295 PARKWAY DR	
4.4 CITY-ST-ZIP	PITTSBURGH PA 15228	
5.1 TITLE	SENIOR DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	SIMMON, ROBERT E	
5.3 STREET ADDRESS	101 CHARLOTTE DRIVE	
5.4 CITY-ST-ZIP	CABOT AR 72023-8847	
6.1 TITLE	TREASURER	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	FINKBEINER, CLARENCE E.	
6.3 STREET ADDRESS	3901 S.E. 9TH CT	
6.4 CITY-ST-ZIP	CAPE CORAL, FL 33904-5214	

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: *Clarence E. Finkbeiner* Date: *April 24, 1998* Daytime Phone #: *941-542-1076*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/97)