


FILED
Mar 16, 1999 8:00 am
Secretary of State

03-16-1999 90011 042 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
 Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **N94000002539**
 1. Corporation Name
THE 388TH BOMB GROUP ASSOCIATION, INC.

280892-90083-9 2 *

Principal Place of Business Mailing Address
 3901 S.E. 9TH COURT 3901 S.E. 9TH COURT
 CAPE CORAL FL 33904-5214 CAPE CORAL FL 33904-5214
 US US



21	2a. Mailing Address	3. Date Incorporated or Qualified
Suite, Apt. #, etc.	Suite, Apt. #, etc.	05/20/1994
22	27	4. FEI Number
City & State	City & State	65-0560339
23	28	5. Certificate of Status Desired
Zip	Zip	<input type="checkbox"/> \$8.75 Additional Fee Required
24	29	30
Country	Country	8. Election Campaign Financing Trust Fund Contribution
		<input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
FINKBEINER, CLARENCE E 3901 S.E. 9TH COURT CAPE CORAL FL 33904-5214	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City
	85 Zip Code
	FL

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	DP DANIELS, WAYNE W PO BOX 233275 N/A ANCHORAGE AK 99523	1.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition ALBERT C. WEIDENBUSEH
NAME		1.2 NAME	1480 OAKMONT PLACE
STREET ADDRESS		1.3 STREET ADDRESS	NICEVILLE, FL 32578
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	2VP CLEMER, JACK M 4498 GOAT CREEK RD KERRVILLE TX 78028	2.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition DR. JASON L. CAMPBELL
NAME		2.2 NAME	411 STOCKLEY ST.
STREET ADDRESS		2.3 STREET ADDRESS	REHOBOTH BEACH, DE 19971
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	SD DAVIES, ROBERT 2027 WESTSIDE DRIVE ROCHESTER NY 14624	3.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition SEC JAMES W. RIPLEY
NAME		3.2 NAME	200 E GRAND ST.
STREET ADDRESS		3.3 STREET ADDRESS	LAMONTE, MO 65337
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	1VP CUNLIFFE, ROBERT 295 PARKWAY DRIVE PITTSBURGH PA 15228	4.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1VP DIRECTOR RICHARD N. CARTER
NAME		4.2 NAME	26793 MAYWOOD ST.
STREET ADDRESS		4.3 STREET ADDRESS	WOODHAVEN, MI OH. 48183
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	P SIMMON, ROBERT 101 CHARLOTTE DRIVE CABOT AR 72023	5.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition P DIRECTOR GILBERT E. GOODMAN
NAME		5.2 NAME	1101 GARRIDO COURT
STREET ADDRESS		5.3 STREET ADDRESS	CAMARILLO, CA 93010
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	T FINKBEINER, CLARENCE E 3901 SE 9TH CT CAPE CORAL FL 33904	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	

CR2E037 (11/96)

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 118.07(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: SIG. CLARENCE E. FINKBEINER 3-11-99 (941) 542-1076