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NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N97000000767 (0)

THE JOHN WAYNE MEMORIAL, CHAPTER 21 OF THE SPECI

AL FORCES ASSOCIATION, INC. Principal Place of Business Mailing Address 685 NEEDLE BOULEVARD 685 NEEDLE BOULEVARD 3. Date Incorporated or Qualified MERRITT ISLAND FL 32953 MERRITT ISLAND FL 32953 02/10/1997 4. FEI Numbe Applied For X Not Applicable 2. Principal Place of Business 2a. Mailing Address \$8.75 Additional 5. Certificate of Status Desired 21 26 Fee Required Suite, Apt. #, etc. Suite, Apt. #, etc. 6. Election Campaign Financing \$5.00 May Be 27 Added to Fees 22 Trust Fund Contribution City & State City & State 7. Is this nonprofit corporation a homeowners association? 23 28 Yes Yes X No Zìp Country Zip Country 8. This corporation owes or has paid the current year Intangible Yes Yes 29 30 Personal Property Tax due June 30. 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name BASS, ROBERT H 82 Street Address (P.O. Box Number is Not Acceptable) 685 NEEDLE BOULEVARD 83 MERRITT ISLAND FL 32953 84 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 Signature, typed or printed name of registered agent and title it applicable. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. DELETE Change Addition TITLE 11 TIB F SALZMAN, ROBERT P NAME 12 NAME STREET ADDRESS 355 ORION COURT 1.3 STREET ADDRESS MERRITT ISLAND FL 32953 CITY-ST-7/P 1.4 CITY-ST-7IP DELETE Change TITLE 2.1 TITLE Addition MCNATT, ROBERT N 2.2 NAME NAME 5544 STULL AVENUE STREET ADDRESS 2.3 STREET ADDRESS ORLANDO FL 32810 CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME BASS, ROBERT H 3.2 NAME 685 NEEDLE BOULEVARD STREET ADDRESS 3,3 STREET ADDRESS CITY-ST-ZIP MERRITT ISLAND FL 32953 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE TOMLIN, THOMAS R 4. 2 NAME NAME 1408 GULFWOOD COURT 4.3 STREET ADDRESS STREET ADDRESS **BRANDON FL 33510** CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Addition

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.

6.1 TITLE

6.2 NAME

6,3 STREET ADDRESS 6.4 CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

FILED

Jan 30 1998 8:00am

Secretary of State