FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS 95

FILED
JAN 25 PM 3:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 848211 (9)

1. Corporation Name

THE AIR FORCE ENLISTED MEN'S WIDOWS AND DEPENDEN TS HOME FOUNDATION, INC.

Principal Place of Business	Mailing Address
571 MOONEY RD. FT WALTON BEACH FL 32547-1859	92 SUNSET LANE SHALIMAR FL 32579 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/10/1981
3a. Date of Last Report: 06/15/1994
4. FEI Number: 23-7078212 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
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 92 Sunset Lane	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Shalimar, FL	City & State 28
Zip / Country 24 32579-1000 25 USA	Zip / Country 29 32579-1000 30

9. Name and Address of Current Registered Agent

WEAVER, LOYAL L
1900 PALMETTO PALM CIRCLE
NICEVILLE FL 32578

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	1.1 TITLE	☒ Change ☐ Addition	
NAME	MAHONEY, THOMAS B	1.2 NAME		
STREET ADDRESS	5612 ACKERMAN COVE	1.3 STREET ADDRESS	DELETE	
CITY-ST-ZIP	BARTLETT, TN 00000	1.4 CITY-ST-ZIP		
TITLE	P	2.1 TITLE	☐ Change ☐ Addition	
NAME	WEAVER, LOYAL L	2.2 NAME		
STREET ADDRESS	1900 PALMETTO PALM CIR	2.3 STREET ADDRESS		
CITY-ST-ZIP	NICEVILLE FL	2.4 CITY-ST-ZIP		
TITLE	C	3.1 TITLE	☐ Change ☐ Addition	
NAME	MAUK, ROBERT E	3.2 NAME		
STREET ADDRESS	2255 LAKE RUBY RD	3.3 STREET ADDRESS		
CITY-ST-ZIP	DELAND FL	3.4 CITY-ST-ZIP		
TITLE	D	4.1 TITLE	☐ Change ☐ Addition	
NAME	DAVIS, REATE	4.2 NAME		
STREET ADDRESS	1525 ROYAL PALM DR	4.3 STREET ADDRESS		
CITY-ST-ZIP	NICEVILLE FL	4.4 CITY-ST-ZIP		
TITLE	STD	5.1 TITLE	☐ Change ☐ Addition	
NAME	MAGIER, JOHN	5.2 NAME		
STREET ADDRESS	133 JUDITH DR	5.3 STREET ADDRESS		
CITY-ST-ZIP	VALPARAISO, FL 00000	5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE	Vice Chairman	☐ Change ☒ Addition
NAME		6.2 NAME	Robert Hounsman	
STREET ADDRESS		6.3 STREET ADDRESS	1404 Kentucky Avenue	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Woodbridge, VA 22191	

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)(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: Loyal L. Weaver 1/18/95 (904) 897-3166
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Telephone #

0078818