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Mar 12 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N19026** (6)

1. Corporation Name

THE 493RD BOMBARDMENT GROUP (H) MEMORIAL ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**1609 CAMPBELL AVENUE
ORLANDO FL 32806**

**1609 CAMPBELL AVENUE
ORLANDO FL 32806-7236**

3. Date Incorporated or Qualified
01/30/1987

3a. Date of Last Report
02/26/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SAMSON, ELWOOD H., JR.
1609 CAMPBELL AVENUE
ORLANDO FL 32806**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEESE, HAYWOOD F	1.2 NAME	
STREET ADDRESS	927 HARTFORD AVE	1.3 STREET ADDRESS	
CITY - ST - ZIP	CHARLOTTE NC	1.4 CITY - ST - ZIP	
TITLE	PE <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PROTSMAN, NORMAN O	2.2 NAME	
STREET ADDRESS	P O BOX 190 N/A	2.3 STREET ADDRESS	
CITY - ST - ZIP	LIVE OAK FL	2.4 CITY - ST - ZIP	
TITLE	VP <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUALANO, JOSEPH	3.2 NAME	
STREET ADDRESS	21414 133RD DR	3.3 STREET ADDRESS	
CITY - ST - ZIP	SUN CITY WEST AZ	3.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRADY, LAWRENCE O	4.2 NAME	
STREET ADDRESS	116 ROLLING OAKS DR	4.3 STREET ADDRESS	
CITY - ST - ZIP	SOMMERVILLE TN	4.4 CITY - ST - ZIP	
TITLE	TS <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHAW, AMBROSE C.	5.2 NAME	
STREET ADDRESS	1350 LEE ST.	5.3 STREET ADDRESS	
CITY - ST - ZIP	ARKADELPHIA AR	5.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAMSEY, JOHN	6.2 NAME	
STREET ADDRESS	P O BOX 237 N/A	6.3 STREET ADDRESS	
CITY - ST - ZIP	SAULT ST MARIE MI	6.4 CITY - ST - ZIP	

14. I do 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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0016705

CR2E037 (9/96)