

FILE NOW: FILING FEE IS \$61.25

FILED
Jan 27 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N94000003239 (0)
 1. Corporation Name
306TH BOMB WING (MCCOY) REUNION ASSOCIATION, INC



Principal Place of Business 1585 MERCURY ST. MERRITT ISLAND FL 32953	Mailing Address 1585 MERCURY ST. MERRITT ISLAND FL 32953
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3. Date Incorporated or Qualified 06/27/1994	Applied For Not Applicable
4. FEI Number 59-3252809	
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 1449 PATRIOT DRIVE	2a. Mailing Address 26 1449 PATRIOT DRIVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State 23 MELBOURNE, FL	City & State 28 MELBOURNE, FL
Zip 24 32940	Country 25 BREVARD
29 32940	30 BREVARD

9. Name and Address of Current Registered Agent

DEMES, JOSEPH
1585 MERCURY ST.
MERRITT ISLAND FL 32953

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEMES, JOSEPH	1.2 NAME	
STREET ADDRESS	1585 MERCURY ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	MERRITT ISLAND FL 32953	1.4 CITY-ST-ZIP	
TITLE	DT <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MCCREA, DAVID	2.2 NAME	DT BERNARD B. WEINBERG
STREET ADDRESS	6608 VOLTAIRE DRIVE	2.3 STREET ADDRESS	1449 PATRIOT DRIVE
CITY-ST-ZIP	ORLANDO FL 32809	2.4 CITY-ST-ZIP	MELBOURNE, FL 32940
TITLE	VP/D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CURL, LARRY	3.2 NAME	
STREET ADDRESS	8700 15TH LANE NORTH	3.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL 33702	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	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	

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: *Beign...* **REQUIRED** *19 Jan 98 (407) 255-6876*

CR2E037 (10/97)