

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB - 1 PH 2: 00

DOCUMENT # 763442 (1)

1. Corporation Name

USS TENNESSEE REUNION ASSOCIATION, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
P. O. BOX 1174 WILLOW GROVE PA 19090-0704 US
P. O. BOX 1174 WILLOW GROVE PA 19090-0704 US

3. Date Incorporated or Qualified	3a. Date of Last Report
05/25/1982	02/11/1994
4. FEI Number	Applied For
22-2520950	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
<input type="checkbox"/>	
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status	\$68.75 Supplemental Fee Not Required
<input checked="" type="checkbox"/>	
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

RODGERS, JAMES
4101 SW 139TH AVE.
MIRAMAR FL 33027

10. Name and Address of New Registered Agent

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 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	C / D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHILDERS, MELVIN	1.2 NAME	
STREET ADDRESS	300 S. ATLANTA	1.3 STREET ADDRESS	
CITY-ST-ZIP	TUCSON AZ	1.4 CITY-ST-ZIP	
TITLE	VS	2.1 TITLE	P/S/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GALOW, RALPH	2.2 NAME	
STREET ADDRESS	521 INMAN TERR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	WILLOW GROVE PA	2.4 CITY-ST-ZIP	
TITLE	T	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOMANN, AL	3.2 NAME	
STREET ADDRESS	BOX 480	3.3 STREET ADDRESS	
CITY-ST-ZIP	SILVERTON CO	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURTON, FORREST	4.2 NAME	
STREET ADDRESS	6995 BAKERSFIELD AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	LA CONCHITA CA	4.4 CITY-ST-ZIP	
TITLE	C	5.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ALVAREZ, JOSE	5.2 NAME	Hebb, Lyle E.
STREET ADDRESS	RT. 8, BOX 40 RIVERBEND DR.	5.3 STREET ADDRESS	434 Hangmans Rd.,
CITY-ST-ZIP	BROWNSVILLE FL	5.4 CITY-ST-ZIP	Baily, CO 80421
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TAGGART, JAMES	6.2 NAME	
STREET ADDRESS	3726 LELAND ST.	6.3 STREET ADDRESS	
CITY-ST-ZIP	SAN DIEGO CA	6.4 CITY-ST-ZIP	

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 110.07(3)(k), 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 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: Ralph W. Galow *Ralph W. Galow* Jan. 14, 1995 215-784-9885
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Day/Mo/Yr)