

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 763442 (1)

1. Corporation Name

USS TENNESSEE REUNION ASSOCIATION, INC.



Principal Place of Business

Mailing Address

P. O. BOX 1174
WILLOW GROVE PA 19090-0704
US

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WILLOW GROVE PA 19090-0704
US

3. Date Incorporated or Qualified

05/25/1982

3a. Date of Last Report

02/01/1995

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

4. FEI Number

22-2520950

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 CD DELETE
NAME CHILDERS, MELVIN
STREET ADDRESS 300 S. ATLANTA
CITY-ST-ZIP TUCSON AZ

1.1 TITLE D Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP 85747-9437

TITLE PSD DELETE
NAME GALOW, RALPH
STREET ADDRESS 521 INMAN TERR.
CITY-ST-ZIP WILLOW GROVE PA

2.1 TITLE CDS Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP 19090-3613

TITLE T DELETE
NAME HOMANN, AL
STREET ADDRESS BOX 480
CITY-ST-ZIP SILVERTON CO

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP 81433-0480

TITLE D DELETE
NAME BURTON, FORREST
STREET ADDRESS 6995 BAKERSFIELD AVE
CITY-ST-ZIP LA CONCHITA CA

4.1 TITLE D Change Addition
4.2 NAME EZELL, MORRIS
4.3 STREET ADDRESS 3614 Moon River Rd.,
4.4 CITY-ST-ZIP Austin, TX 78746-7408

TITLE V DELETE
NAME HEBB, LYLE E
STREET ADDRESS 434 HANGMANS RD
CITY-ST-ZIP BAILY CO

5.1 TITLE P Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP 80421-1015

TITLE D DELETE
NAME TAGGART, JAMES
STREET ADDRESS 3726 LELAND ST.
CITY-ST-ZIP SAN DIEGO CA

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP 92106-1005

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)(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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ralph W. Galow

2/1/96

Date

215-784-9885

Daytime Phone #

CR2E037 (12/95)