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Apr 08 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 # 763442 (1)
1. Corporation Name
USS TENNESSEE REUNION ASSOCIATION, INC.



Principal Place of Business P. O. BOX 1174 WILLOW GROVE PA 18090-0704 US	Mailing Address P. O. BOX 1174 WILLOW GROVE PA 18090-0704 US
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3. Date Incorporated or Qualified 05/25/1982	3a. Date of Last Report 03/12/1996
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21. Principal Place of Business Suite, Apt. #, etc.	22. City & State	23. Zip	24. Country	25. Mailing Address Suite, Apt. #, etc.	26. City & State	27. Zip	28. Country	29. FEI Number 22-2520950	30. Applied For Not Applicable
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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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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 **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 checked="" type="checkbox"/> DELETE	1.1 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHILDERS, MELVIN	1.2 NAME	H. FRANK ADAMSON
STREET ADDRESS	300 S. ATLANTA	1.3 STREET ADDRESS	575 ANCLOTE RD.,
CITY-ST-ZIP	TUCSON AZ	1.4 CITY-ST-ZIP	TARPOON SPRINGS, FL 34689 - 6702
TITLE	CDS <input type="checkbox"/> DELETE	2.1 TITLE	S/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GALOW, RALPH	2.2 NAME	GALOW, RALPH
STREET ADDRESS	521 INMAN TERR.	2.3 STREET ADDRESS	521 INMAN TERR.
CITY-ST-ZIP	WILLOW GROVE PA	2.4 CITY-ST-ZIP	WILLOW GROVE, PA 19090-3613
TITLE	T <input type="checkbox"/> DELETE	3.1 TITLE	T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOMANN, AL	3.2 NAME	HOMANN, AL
STREET ADDRESS	BOX 480	3.3 STREET ADDRESS	P.O. Box 480 N/A
CITY-ST-ZIP	SILVERTON CO	3.4 CITY-ST-ZIP	SILVERTON, CO 81433 0480
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EZELL, MORRIS	4.2 NAME	EZELL, MORRIS
STREET ADDRESS	3614 MOON RIVER ROAD	4.3 STREET ADDRESS	3614 MOON RIVER RD.,
CITY-ST-ZIP	AUSTIN TX	4.4 CITY-ST-ZIP	AUSTIN, TX 78746 7408
TITLE	P <input type="checkbox"/> DELETE	5.1 TITLE	C/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HEBB, LYLE E	5.2 NAME	HEBB, LYLE E.
STREET ADDRESS	434 HANGMANS RD	5.3 STREET ADDRESS	434 HANGMANS ROAD
CITY-ST-ZIP	BAILY CO	5.4 CITY-ST-ZIP	BAILEY, CO 80421 1015
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TAGGART, JAMES	6.2 NAME	TAGGART, JAMES
STREET ADDRESS	3726 LELAND ST.	6.3 STREET ADDRESS	3726 LELAND ST.,
CITY-ST-ZIP	SAN DIEGO CA	6.4 CITY-ST-ZIP	SAN DIEGO, CA 92106 1005

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.

CR2E037 (9/96)