


**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**Feb 12 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> 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 <b>05/25/1982</b>	
4. FEI Number <b>22-2520950</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
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 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 Country
24	25
29	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

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 of 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P ADAMSON, H FRANK 575 ANCLOTE RD TARPON SPRGS FL	1.1 TITLE	D/C Adamson, H. Frank 575 Anclote Rd. Tarpon Springs, FL 34689-6702
NAME	SD GALOW, RALPH 521 INMAN TERR WILLOW GROVE PA	1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	T HOMANN, AL PO BOX 480 N/A SILVERTON CO	2.1 TITLE	
NAME	D EZELL, MORRIS 3614 MOON RIVER ROAD AUSTIN TX	2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	CD HEBB, LYLE E 434 HANGMANS RD BAILY CO	3.1 TITLE	
NAME	D TAGGART, JAMES 3726 LELAND ST SAN DIEGO CA	3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	P Pexton, Boyd 1871 Siurg 2600 East Salt Lake City, UT 84108-3369
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	D Dickson, John P.O. Box 801 Panhandle, TX 79068-0801
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:** *Ralph W Galow* **Ralph W. Galow** January 10, 1998 215-784-9885

CR2E037 (10/97)