

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997  
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # F96000003405 (5)  
1. Corporation Name

THE ARMY DISTAFF FOUNDATION, INC.

Principal Place of Business

Mailing Address

6200 OREGON AVENUE, N.W.  
WASHINGTON DC 20015-1543

6200 OREGON AVENUE, N.W.  
WASHINGTON DC 20015-1543



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 07/03/1996  
3a. Date of Last Report

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	53-0246852	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required
22	27		
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
23	28		
Zip	Country	7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input type="checkbox"/> No
24	25	29	30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

VREDENBURGH, THOMAS W  
3256 TWIN PONDS ROAD  
MARIANNA FL 32448

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	P	1.1 TITLE	P
NAME	THOMPSON, NATHANIEL R JR.,LTG	1.2 NAME	WISHART, LEONARD P.
STREET ADDRESS	8900 CAMDEN STREET	1.3 STREET ADDRESS	10602 DONOVAN'S HILL DRIVE
CITY-ST-ZIP	ALEXANDRIA VA 22308	1.4 CITY-ST-ZIP	FAIRFAX STATION VA 22039
TITLE	V	2.1 TITLE	V
NAME	WISHART, LEONARD P III,LTG	2.2 NAME	HILMES, JEROME B
STREET ADDRESS	10602 DONOVAN'S HILL DRIVE	2.3 STREET ADDRESS	6106 WOODLAND STREAM DRIVE
CITY-ST-ZIP	FAIRFAX STATION VA 22039	2.4 CITY-ST-ZIP	ALEXANDRIA VA 22310-1548
TITLE	S	3.1 TITLE	
NAME	CIANCIOLO, SHEILA MRS	3.2 NAME	
STREET ADDRESS	1602 MASON HILL DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	ALEXANDRIA VA 22307	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	
NAME	BENEDICT, CALVERT P MG	4.2 NAME	
STREET ADDRESS	6200 OREGON AVENUE NW	4.3 STREET ADDRESS	
CITY-ST-ZIP	WASHINGTON DC 20015	4.4 CITY-ST-ZIP	
TITLE	DE	5.1 TITLE	
NAME	TALLEY, VIRGINIA MRS	5.2 NAME	
STREET ADDRESS	HQ 67, BOX 600	5.3 STREET ADDRESS	
CITY-ST-ZIP	ANCHOR POINT AK 99558-9702	5.4 CITY-ST-ZIP	
TITLE	DE	6.1 TITLE	
NAME	ANTILLA, BETTY J COL,RET	6.2 NAME	
STREET ADDRESS	9 LAZY HOLLOW WAY	6.3 STREET ADDRESS	
CITY-ST-ZIP	GAITHERSBURG MD 20878	6.4 CITY-ST-ZIP	

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.

SIGNATURE \_\_\_\_\_ SIGNATURE REQUIRED 347 90 217 (4) 111

CR2E037 (4/97)