


FILE NOW: FILING FEE IS \$61.25

FILED

Jan 30 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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

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

Mailing Address

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



3. Date Incorporated or Qualified

07/03/1996

4. FEI Number

53-0246852

Applied For

Not Applicable

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

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

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 V ☐ DELETE  
NAME HILMES, JEROME B  
STREET ADDRESS 6106 WOODLAND STREAM DR  
CITY-ST-ZIP ALEXANDRIA VA

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE P ☐ DELETE  
NAME WISHART, LEONARD P  
STREET ADDRESS 10602 DONOVAN'S HILL DRIVE  
CITY-ST-ZIP FAIRFAX STATION VA

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE S ☐ DELETE  
NAME CIANCIOLO, SHEILA MRS  
STREET ADDRESS 1602 MASON HILL DRIVE  
CITY-ST-ZIP ALEXANDRIA VA 22307

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

TITLE D ☐ DELETE  
NAME BENEDICT, CALVERT P MG  
STREET ADDRESS 6200 OREGON AVENUE NW  
CITY-ST-ZIP WASHINGTON DC 20015

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE DE ☐ DELETE  
NAME TALLEY, VIRGINIA MRS  
STREET ADDRESS HC 67, BOX 600  
CITY-ST-ZIP ANCHOR POINT AK 99556-9702

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE DE ☐ DELETE  
NAME ANTILLA, BETTY J COL,RET  
STREET ADDRESS 9 LAZY HOLLOW WAY  
CITY-ST-ZIP GAITHERSBURG MD 20878

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
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:

Kathleen B. Sullivan, 1/2/98 202 541 0105

CR2E037 (10/97)