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FILE NOW: FILING FEE IS \$61.25

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Mar 17 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 # **N08462** (6)

1. Corporation Name

FLORIDA AIR NATIONAL GUARD NONCOMMISSIONED OFFICERS CLUB, INC.

Principal Place of Business

Mailing Address

**14300 FANG DRIVE
JACKSONVILLE FL 32218
US**

**14300 FANG DRIVE
JACKSONVILLE FL 32218-7933
US**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/01/1985	3a. Date of Last Report 03/05/1996
21		26		4. FEI Number 59-1100221	Applied For Not Applicable
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23 City & State		28 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24 Zip	25 Country	29 Zip	30 Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**COCHRAN, DANIEL J
5722 DAVON ST
JACKSONVILLE FL 32244**

81	Name
82	Street Address (P.O. Box Number is Not Acceptable) 6818 London Bridge Ln.
83	
84	City Jacksonville
85	Zip Code FL 32210

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 Daniel J. Cochran Daniel J. Cochran 3 MAR 97
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	D	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	TEASTER, MARTIN			1.2 NAME	Penty Dale		
STREET ADDRESS	3076 COBBLEWOOD LN W			1.3 STREET ADDRESS	Rt 1 Box 985		
CITY - ST - ZIP	JACKSONVILLE FL			1.4 CITY - ST - ZIP	Starke, FL 32091		
TITLE	D	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	NAYDECK, PAUL			2.2 NAME	Hampton Heather		
STREET ADDRESS	6710 COLLINS ROAD, APT 2110			2.3 STREET ADDRESS	27 Helen St		
CITY - ST - ZIP	JACKSONVILLE FL			2.4 CITY - ST - ZIP	St Augustine FL 32091		
TITLE	ST	<input type="checkbox"/> DELETE		3.1 TITLE	ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	COCHRAN, DANIEL			3.2 NAME	COCHRAN, DANIEL		
STREET ADDRESS	5722 DAVON ST			3.3 STREET ADDRESS	6818 LONDON BRIDGE LN		
CITY - ST - ZIP	JACKSONVILLE FL			3.4 CITY - ST - ZIP	JACKSONVILLE FL 32210		
TITLE	VD	<input checked="" type="checkbox"/> DELETE		4.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BEAUMONT, RAY			4.2 NAME	Cooper Terry		
STREET ADDRESS	RT 4 BOX 863			4.3 STREET ADDRESS	27 Helen St		
CITY - ST - ZIP	CALLAHAN FL			4.4 CITY - ST - ZIP	St. Augustine FL 32091		
TITLE	P	<input checked="" type="checkbox"/> DELETE		5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	POLTIS, JOE			5.2 NAME	Hartfelder, Ron		
STREET ADDRESS	516 FIFTEENTH ST			5.3 STREET ADDRESS	11303 Princessa Ln.		
CITY - ST - ZIP	ST AUGUSTINE FL			5.4 CITY - ST - ZIP	Jacksonville FL 32218		
TITLE	D	<input checked="" type="checkbox"/> DELETE		6.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	STEWART, JOHNNY			6.2 NAME	Tomlinson Joseph		
STREET ADDRESS	6426 MANHATTEN DR			6.3 STREET ADDRESS	11846 Leatdale Circle East		
CITY - ST - ZIP	JACKSONVILLE FL			6.4 CITY - ST - ZIP	Jacksonville FL 32218		

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)