FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1998**		FLORIDA DEPARTMENT OF STATE **Sandra B. Mortham** Secretary of State DIVISION OF CORPORATIONS

FILED
Feb 12 1998 8:00am
Secretary of State

DOCUMENT # N08462   (6)

1. Corporation Name

FLORIDA AIR NATIONAL GUARD NONCOMMISSIONED OFFIC ERS CLUB, INC.

Principal Place of Business	Mailing Address
14300 FANG DRIVE JACKSONVILLE FL 32218 US	14300 FANG DRIVE JACKSONVILLE FL 32218 US

3. Date Incorporated or Qualified
04/01/1985

4. FEI Number
59-1100221 | Applied For [X] Not Applicable

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25	Zip 29	Country 30

5. Certificate of Status Desired [ ]   **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution [ ]   **$5.00** May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? [ ] Yes [X] No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. [ ] Yes [X] No

9. Name and Address of Current Registered Agent

COCHRAN, DANIEL J
6818 LONDON BRIDGE LANE
JACKSONVILLE FL 32210

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 *Daniel J. Cochran Treasurer/Secretary*   *Daniel J Cochran*   *4 Feb 98*
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 **P** [ ] DELETE		1.1 TITLE	[ ] Change [ ] Addition
NAME **TENLY DALE**		1.2 NAME	
STREET ADDRESS **RT 1 BOX 985**		1.3 STREET ADDRESS	
CITY-ST-ZIP **STARKE FL**		1.4 CITY-ST-ZIP	
TITLE **VP** [ ] DELETE		2.1 TITLE	[ ] Change [ ] Addition
NAME **HAMPTON HEATHER**		2.2 NAME	
STREET ADDRESS **27 HELEN ST.**		2.3 STREET ADDRESS	
CITY-ST-ZIP **ST. AUGUSTINE FL**		2.4 CITY-ST-ZIP	
TITLE **ST** [ ] DELETE		3.1 TITLE	[ ] Change [ ] Addition
NAME **COCHRAN, DANIEL**		3.2 NAME	
STREET ADDRESS **6818 LONDON BRIDGE LANE**		3.3 STREET ADDRESS	
CITY-ST-ZIP **JACKSONVILLE FL**		3.4 CITY-ST-ZIP	
TITLE **D** [ ] DELETE		4.1 TITLE	[ ] Change [ ] Addition
NAME **COOPER TERRY**		4.2 NAME	
STREET ADDRESS **27 HELEN ST.**		4.3 STREET ADDRESS	
CITY-ST-ZIP **ST. AUGUSTINE FL**		4.4 CITY-ST-ZIP	
TITLE **D** [ ] DELETE		5.1 TITLE	[ ] Change [ ] Addition
NAME **HARTFELDER, RON**		5.2 NAME	
STREET ADDRESS **11303 PRINCESSA LANE**		5.3 STREET ADDRESS	
CITY-ST-ZIP **JACKSONVILLE FL**		5.4 CITY-ST-ZIP	
TITLE **D** [ ] DELETE		6.1 TITLE	[ ] Change [ ] Addition
NAME **TOMLINSON, JOSEPH**		6.2 NAME	
STREET ADDRESS **11846 LEAFDALE CIR. EAST**		6.3 STREET ADDRESS	
CITY-ST-ZIP **JACKSONVILLE FL**		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: *Daniel J Cochran*   *4 Feb 98*   *(904)741-7314*

CR2E037 (10/97)