FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 30 AM 9:42

DOCUMENT # N19026 (6)

1. Corporation Name

THE 493RD BOMBARDMENT GROUP (H) MEMORIAL ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1609 CAMPBELL AVENUE ORLANDO FL 32806	1609 CAMPBELL AVENUE ORLANDO FL 32806

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/30/1987
3a. Date of Last Report: 03/25/1994
4. FEI Number: 59-2855942 ☐ Applied For ☐ Not Applicable
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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

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

9. Name and Address of Current Registered Agent

SAMSON, ELWOOD H., JR.
1609 CAMPBELL AVENUE
ORLANDO FL 32806

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 607.0502 and 607.1508, 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 607.0505, 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	1.1 TITLE	☐ Change ☐ Addition
NAME	GRANT, NORMAN C	1.2 NAME	
STREET ADDRESS	7633 THOMAS AVE. S.	1.3 STREET ADDRESS	
CITY-ST-ZIP	MINNEAPOLIS MN 55423	1.4 CITY-ST-ZIP	
TITLE	PE	2.1 TITLE	☐ Change ☐ Addition
NAME	DEESE, HAYWOOD F	2.2 NAME	
STREET ADDRESS	927 HARTFORD AVE.	2.3 STREET ADDRESS	
CITY-ST-ZIP	CHARLOTTE NC 28209	2.4 CITY-ST-ZIP	
TITLE	VP	3.1 TITLE	☐ Change ☐ Addition
NAME	MORRIS, DAVID H.	3.2 NAME	
STREET ADDRESS	11706 MONICA LANE	3.3 STREET ADDRESS	
CITY-ST-ZIP	HOUSTON TX 77024	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	RUNDQUIST, GLORA M	4.2 NAME	
STREET ADDRESS	10213-B RIVER PLANTATION DR.	4.3 STREET ADDRESS	
CITY-ST-ZIP	AUSTIN TX 78747-1120	4.4 CITY-ST-ZIP	
TITLE	TS	5.1 TITLE	☐ Change ☐ Addition
NAME	SHAW, AMBROSE C.	5.2 NAME	
STREET ADDRESS	1350 LEE ST.	5.3 STREET ADDRESS	
CITY-ST-ZIP	ARKADELPHIA AR	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	SPROULL, WILLIAM G.	6.2 NAME	
STREET ADDRESS	2107 LARK GLEN	6.3 STREET ADDRESS	
CITY-ST-ZIP	ESCONDIDO CA 92026	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Ambrose C. Shaw 1/19/95 (501)246-7298
TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

000010