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NONPROFIT
CORPORATION
ANNUAL REPORT

1996



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

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



3. Date Incorporated or Qualified
01/30/1987

3a. Date of Last Report
01/30/1995

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

g. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 P
NAME GRANT, NORMAN C
STREET ADDRESS 7633 THOMAS AVE. S.
CITY-ST-ZIP MINNEAPOLIS MN 55423

☒ DELETE

TITLE PE
NAME DEESE, HAYWOOD F
STREET ADDRESS 927 HARTFORD AVE.
CITY-ST-ZIP CHARLOTTE NC 28209

☒ DELETE

TITLE VP
NAME MORRIS, DAVID H.
STREET ADDRESS 11706 MONICA LANE
CITY-ST-ZIP HOUSTON TX 77024

☒ DELETE

TITLE D
NAME RUNDQUIST, GLORA M
STREET ADDRESS 10213-B RIVER PLANTATION DR.
CITY-ST-ZIP AUSTIN TX 78747-1120

☒ DELETE

TITLE TS
NAME SHAW, AMBROSE C.
STREET ADDRESS 1350 LEE ST.
CITY-ST-ZIP ARKADDELPHIA AR

☐ DELETE

TITLE D
NAME SPROULL, WILLIAM G.
STREET ADDRESS 2107 LARK GLEN
CITY-ST-ZIP ESCONDIDO CA 92026

☒ DELETE

1.1 TITLE P
1.2 NAME Deese, Haywood F.
1.3 STREET ADDRESS 927 Hartford Ave
1.4 CITY-ST-ZIP Charlotte, NC 28209

☐ Change ☒ Addition

2.1 TITLE PE
2.2 NAME Protsman, Norman O.
2.3 STREET ADDRESS PO Box 190
2.4 CITY-ST-ZIP Live Oak, FL 32060

☐ Change ☒ Addition

3.1 TITLE VP
3.2 NAME Gualano, Joseph
3.3 STREET ADDRESS 21414 133rd Dr
3.4 CITY-ST-ZIP Sun City West, AZ 85375

☐ Change ☒ Addition

4.1 TITLE D
4.2 NAME Brady, Lawrence O.
4.3 STREET ADDRESS 116 Rolling Oaks Dr
4.4 CITY-ST-ZIP Somerville, TN 38068

☐ Change ☒ Addition

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

☐ Change ☐ Addition

6.1 TITLE D
6.2 NAME Ramsey, John
6.3 STREET ADDRESS PO Box 237
6.4 CITY-ST-ZIP Sault St Marie, MI 49783

☐ Change ☒ Addition

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)(k), 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, as changed, or on an attachment with an address.

SIGNATURE: AMBROSE C. SHAW
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

27 JANUARY 1996 (501) 246-7298
Date Daytime Phone #

CR2E037 (12/95)