

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N31630 (9)

1. Corporation Name

USS TRENTON (CL-11) REUNION, INCORPORATED



Principal Place of Business

Mailing Address

% WILLIAM H. GRANT, III
859 PARK AVENUE, SUITE 104
ORANGE PARK FL 32073

% WILLIAM H. GRANT, III
859 PARK AVENUE, SUITE 104
ORANGE PARK FL 32073

3. Date Incorporated or Qualified
04/10/1989

3a. Date of Last Report
04/12/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number
59-2943388

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

City & State

City & State

23

28

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

Zip

Country

Zip

Country

24

25

29

30

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GRANT (WILLIAM H.), III
859 PARK AVENUE
SUITE 104
ORANGE PARK FL 32073

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 VD ☒ DELETE
NAME HEFFERMAN, FRANK
STREET ADDRESS 302 S. GRANT
CITY-ST-ZIP MILBANK S.

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

TITLE T ☒ DELETE
NAME COPELAND, ADDIE
STREET ADDRESS PO BOX 893 N/A
CITY-ST-ZIP YELM WA

2.1 TITLE ☐ Change ☒ Addition
2.2 NAME JAY BALFOUR
2.3 STREET ADDRESS P.O. Box 84122 N/A
2.4 CITY-ST-ZIP VANCOUVER, WA 98684-0122

TITLE D ☐ DELETE
NAME LENNOX, ALEZANDER
STREET ADDRESS 324 DEVONSHIER LANE
CITY-ST-ZIP ORANGE PARK FL

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

TITLE P ☐ DELETE
NAME MORTON, F.L.
STREET ADDRESS 1416 FOURTH STREET
CITY-ST-ZIP WEST OKOBOJI IA

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS 100001795511
4.4 CITY-ST-ZIP -04/26/96--01014--036

TITLE S ☐ DELETE
NAME BALFOUR, SUE
STREET ADDRESS PO BOX 8412 N/A
CITY-ST-ZIP VANCOUVER WA

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME ***61.25
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME SPENCER, FRANK O.
STREET ADDRESS 3403 LEES AVE
CITY-ST-ZIP LONG BCH CA

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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)(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 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Director

4/11/96

(909) 272-4618

Daytime Phone #

CR2E037 (12/95)