

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N31630

1. Corporation Name

USS TRENTON (CL-11) REUNION, INCORPORATED

Principal Place of Business

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

Mailing Address

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

FILED  
Apr 20, 1999 8:00 am  
Secretary of State

04-20-1999 90127 014 \*\*\*\*61.25

3 6 6 9 5 - 9 0 1 2 7 - 1 4 5 \*



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

30

3. Date Incorporated or Qualified

04/10/1989

4. FEI Number

59-2943388

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

9. Name and Address of Current Registered Agent

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

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D  
NAME BALFOUR, JAY  
STREET ADDRESS P.O. BOX 84122 (NA)  
CITY-ST-ZIP VANCOUVER WA 98687

TITLE D  
NAME CURTIN, EDMUND B.  
STREET ADDRESS 1713 DEWITT AVE  
CITY-ST-ZIP CAPITOL HILLS HEIGHTS MD 20743

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

TITLE S  
NAME BALFOUR, SUE  
STREET ADDRESS PO BOX 8412 N/A  
CITY-ST-ZIP VANCOUVER WA 98687

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D  
1.2 NAME BALFOUR, JAY  
1.3 STREET ADDRESS P.O. BOX 87038  
1.4 CITY-ST-ZIP VANCOUVER, WA 98687

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

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

4.1 TITLE S  
4.2 NAME BALFOUR, SUE  
4.3 STREET ADDRESS P.O. BOX 87038  
4.4 CITY-ST-ZIP VANCOUVER, WA 98687

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

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-12-1999 (360) 254-4439

CR2E037 (11/98)