FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

FILED

Apr 28 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT #

CITY-ST-ZIP

(3)

U.S.S. INDEPENDENCE CVL22 REUNION GROUP, INC.										
Principal Place	of Business	M	ailing Address				- - -	DYDI OSOSE GEDIL DIDIL DI		
107 ROYAL PARK DR. APT 2F OAKLAND PARK FL 33309 UŞ		107 ROYAL PARK DR APT 2F OAKLAND PARK FL 33309-5837 US			3. Date Incorporated or Qualified	3a, Date of La	st Report			
							02/06/1992	02/21/		
Principal Place of Business			2a. Mailing Address 26				4. FEI Number 65-0190925	Applied For Not Applicable		
Suite, Apt. #, etc.			Suite, Apt. #, etc.				5. Certificate of Status Desired		5 Additional Regulred	
City & State			City & State				• Flatin Committee Simonian			
	•	28	City & State				6. Election Campaign Financing Trust Fund Contribution		00 May Be sed to Fees	
Zip	Country	20]	Zip	Cou	intry		8. This corporation has liability for			
24	25	29		30	,			Yes No	3, 9, 100,002,	
	9. Name and Address of Currer		stered Agent				10. Name and Address of New Re	gistered Agent		
-					81 Name				Ì	
KRAPF, JOSEPH J. 107 ROYAL PARK DR APT 2F					82 Street	Addre	ess (P.O. Box Number is Not Acceptal	ble)		
OAKLAND PARK FL 33309				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 register 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 registere agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE								ng its registered t as registered		
SIGNATURE Signature, typed or printed name of registered agent and title if applicable (IVC): Registried Agent signature							d what (eit stating)	DATE		
12.	OFFICERS AN			13.			ADDITIONS/CHANGES TO OFFI	CERS AND DIREC	TORS IN 12	
TITLE	TP		DELETE	1.1 T	ITLE			Char	nge 🔲 Addition	
NAME	DENTON, NELSON R.			1.2 N	AME					
STREET ADDRESS	135 CHANCELLOR DR			1.3 \$	treet address	Ì				
CITY-ST-ZIP	CHAMBERSBURG PA			140	ITY-ST-ZIP	ļ				
TITLE	VP		☐ DELETE	211	ITLE			L Chai	nge 🔲 Addition	
NAME	ADAMS, GERALD E			22 N	AME					
STREET ADDRESS	2750 60TH ST			235	TREET ADDRESS					
CITY-ST-ZIP	SACRAMENTO CA				CITY - ST - ZIP	1				
TITLE	TS		☐ DELETE	311				☐ Cha	nge 🗀 Addition	
NAME	SEACE, EDWIN R.	_		3.2 N						
STREET ADDRESS	2809 FIDDLERS GREEN ROA	D		3.3 S	TREET ADDRESS					
CITY-ST-ZIP	LANCASTER PA		- D beleve		CITY - ST - ZIP	-		☐ Cha	nge 🔲 Addition	
TITLE	17		☐ DELETE	4.1 T				□ ыа	ige 🔲 Adokton	
NAME	KRAPF, JOSEPH J.				NAME					
STREET ADDRESS	107 ROYAL PARK DR, #2F				TREET ADDRESS	i				
CITY-ST-ZIP	OAKLAND PARK FL		DELETE		ITY-ST-ZIP	+		Cha	nge Addition	
TITLE	D DOUBLE BORERT		(DECEIR	5.1 7				Olia	inge C Addition	
NAME	GOUDY, ROBERT				IAME	1				
STREET ADDRESS	6744 DRISCOLL ST			- 1	TREET ADDRESS					
CITY-ST-ZIP	LONG BCH CA		DELETE		OTY-ST-ZIP OTLE	+		☐ Cha	nge	
TITLE			- Detert						a. Loginon	
NAME					IAME					
SYREET ADDRESS				6.3 5	STREET ADDRESS	1				

14. I do 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.