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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N92000000635

1. Corporation Name

USAF PILOT TRAINING CLASS 52-G ASSOCIATION, INC.

Principal Place of Business

**49 LAKE LORRAINE CIRCLE
SHALIMAR FL 32579**

Mailing Address

**49 LAKE LORRAINE CIRCLE
SHALIMAR FL 32579**



2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified 11/05/1992 4. FEI Number 65-0362523 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MILLER, CYRUS C JR
49 LAKE LORRAINE CIRCLE
SHALIMAR FL 32579**

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 <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, ROBERT	1.2 NAME	
STREET ADDRESS	4854 CALVIN DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	COLUMBUS OH	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOWEN, CHUCK	2.2 NAME	
STREET ADDRESS	97 VALENCIA RD	2.3 STREET ADDRESS	
CITY-ST-ZIP	LAS LUMAS NM	2.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, CYRUS C JR	3.2 NAME	
STREET ADDRESS	49 LAKE LORRAINE CIR	3.3 STREET ADDRESS	
CITY-ST-ZIP	SHALIMAR FL 32579	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GWINN, TOM	4.2 NAME	
STREET ADDRESS	251 E MAULDING AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	LAS VEGAS NV	4.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PRESLEY, RANDY	5.2 NAME	
STREET ADDRESS	P.O. BOX 1238 1805 N JEFFERSON ST	5.3 STREET ADDRESS	
CITY-ST-ZIP	MT PLEASANT TX 75456	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MACCALLUM, DOUG	6.2 NAME	
STREET ADDRESS	929 TAAMWAY LANE NE	6.3 STREET ADDRESS	
CITY-ST-ZIP	ALBUQUERQUE NM 87122	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:

Cyrus C Miller Jr
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
CYRUS C MILLER JR

Date

Daytime Phone #

1/24/99

850-651-1894

CR2E037 (1/98)