FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 MAR 20 PM 2:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N94000001062 (8)

1. Corporation Name
DEFENSE EQUAL OPPORTUNITY MANAGEMENT INSTITUTE F OUNDATION, INCORPORATED

Principal Place of Business	Mailing Address
740 O'MALLEY RD BLDG 561 PATRICK AFB FL 32955-3399	740 O'MALLEY RD BLDG 561 PATRICK AFB FL 32955-3399

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/03/1994
3a. Date of Last Report: First Report
4. FEI Number: Filed on Feb. 23, 1995 — [X] 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status: Pending $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes: [ ] Yes [X] No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.: 22	Suite, Apt. #, etc.: 27
City & State: 23	City & State: 28
Zip: 24 / Country: 25	Zip: 29 / Country: 30

9. Name and Address of Current Registered Agent

WELLS, ANDREW M
1430 TROUT STREET
MERRITT ISLAND FL 32952

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	[ ] Change [ ] Addition
NAME	WELLS, ANDREW M	12 NAME	
STREET ADDRESS	1430 TROUT STREET	13 STREET ADDRESS	
CITY-ST-ZIP	MERRITT ISLAND FL 32952	14 CITY-ST-ZIP	
TITLE	VD	21 TITLE	[ ] Change [ ] Addition
NAME	MAZYCK, WILLIAM S R	22 NAME	
STREET ADDRESS	1220 YACHT CLUB DRIVE	23 STREET ADDRESS	
CITY-ST-ZIP	INDIAN HARBOUR BEACH FL 32937	24 CITY-ST-ZIP	
TITLE	VD	31 TITLE	[ ] Change [ ] Addition
NAME	OULETTE, LANETTE	32 NAME	
STREET ADDRESS	110 TOMAHAWK DRIVE	33 STREET ADDRESS	
CITY-ST-ZIP	INDIAN HARBOUR BEACH FL 32937	34 CITY-ST-ZIP	
TITLE	VD	41 TITLE	[ ] Change [ ] Addition
NAME	SANSOM, DIXIE	42 NAME	
STREET ADDRESS	PO BOX 372479 N/A	43 STREET ADDRESS	
CITY-ST-ZIP	SATELLITE BEACH FL 32937-0479	44 CITY-ST-ZIP	
TITLE	STD	51 TITLE	[ ] Change [ ] Addition
NAME	LENNON, LEO	52 NAME	
STREET ADDRESS	2812 BURTON PLACE	53 STREET ADDRESS	
CITY-ST-ZIP	MELBOURNE FL 32901	54 CITY-ST-ZIP	
TITLE	D	61 TITLE	[ ] Change [ ] Addition
NAME	COLLINS, DENNIS M	62 NAME	
STREET ADDRESS	PO BOX 4672 N/A	63 STREET ADDRESS	
CITY-ST-ZIP	PATRICK AFB FL 32925	64 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)(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.

SIGNATURE: Steven A. McCann — Feb 23, 1995 — (407) 784-1911
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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