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Feb 05 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N94000001370 (5)

1. Corporation Name

COL. JAMES B. "BULL" HENDRY CHAPTER, INC.



Principal Place of Business	Mailing Address
36351 PEAK ST ZEPHYRHILLS FL 33541 US	36351 PEAK ST ZEPHYRHILLS FL 33514 US

3. Date Incorporated or Qualified	03/17/1994
4. FEI Number	71-0553114
Applied For	Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 236 PALM SPARROW CT. Suite, Apt. #, etc.	26 236 PALM SPARROW CT. Suite, Apt. #, etc.
22 DAYTONA BCH, FL	27 DAYTONA BCH, FL
23 32119	28 32119
24 VDLUSIA	29 VDLUSIA

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
7. Is this nonprofit corporation a homeowners association?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent	
CLARK, ROBERT C 1936 14TH AVE. VERO BEACH FL 32960	

10. Name and Address of New Registered Agent	
81 Name	SAME
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	P
NAME	ELBERSON, NORMAN T.
STREET ADDRESS	36351 PEAK ST
CITY-ST-ZIP	ZEPHYRHILLS FL
TITLE	V
NAME	MURPHY, JAMES H.
STREET ADDRESS	36351 PEAK ST
CITY-ST-ZIP	ZEPHYRHILLS FL
TITLE	S
NAME	DORTON, WALTER M.
STREET ADDRESS	36351 PEAK ST
CITY-ST-ZIP	ZEPHYRHILLS FL
TITLE	T
NAME	FLANNERY, EDWIN
STREET ADDRESS	120 B RIO DEL MAR ROAD
CITY-ST-ZIP	ST. AUGUSTINE FL 32084
TITLE	D
NAME	ROTH, LOUIS H
STREET ADDRESS	120 B RIO DEL MAR ROAD
CITY-ST-ZIP	ST. AUGUSTINE FL 32084
TITLE	O
NAME	PIPER, ROBERT
STREET ADDRESS	36351 PEAK ST
CITY-ST-ZIP	ZEPHYRHILLS FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	P
1.2 NAME	MC GOVERN, GERARD
1.3 STREET ADDRESS	236 PALM SPARROW CT.
1.4 CITY-ST-ZIP	DAYTONA BCH, FL, 32119
2.1 TITLE	
2.2 NAME	SAME
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	S
3.2 NAME	KETCHUM, GLORIA
3.3 STREET ADDRESS	3331 GALL BLVD #105
3.4 CITY-ST-ZIP	ZEPHYRHILLS, FL, 33541
4.1 TITLE	T
4.2 NAME	FLANNERY, EDWIN
4.3 STREET ADDRESS	8166 93 AV. SE
4.4 CITY-ST-ZIP	VERO BCH, FL, 32967
5.1 TITLE	
5.2 NAME	SAME
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	O
6.2 NAME	ROBERT PIPER
6.3 STREET ADDRESS	173 GULL PR. N.
6.4 CITY-ST-ZIP	DAYTONA BCH, FL 32119

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.

SIGNATURE: *Edwin Flannery* 1/23/98

CR2E037 (10/97)