


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 23, 2004 08:00 AM
Secretary of State

DOCUMENT # N95000006013	
1. Entity Name COMBINED FORCES U.S. NAVY ASIATIC FLEET 1910-1942, INC.	

Principal Place of Business 4114 NARVAREZ WAY SOUTH ST. PETERSBURG FL 33712	Mailing Address 4114 NARVAREZ WAY SOUTH ST. PETERSBURG FL 33712
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



MOORE CR2E037 (11/03)

4. FEI Number 59-3358068	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

ALAN S. CHRISTNER, JR. P.A. 401 SECOND ST., EAST SUITE 231 INDIAN ROCKS BEACH FL 34635

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE	<small>Signature, typed or printed name of registered agent and title if applicable</small>	<small>(NOTE: Registered Agent signature required when reinstalling)</small>	<small>DATE</small>
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FILE NOW: FEE IS \$61.25 Due By May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS

TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS	SLAUGHTER, JOHN	
CITY - ST - ZIP	3801 CANTERBURY RD., UNIT 812 BALTIMORE MD 23218	
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS	ASHE, WALTER	
CITY - ST - ZIP	40 SHOREWOOD DR. ASHEVILLE NC 28804	
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS	ANKERBERG, CHARLES W	
CITY - ST - ZIP	4114 NARVAREZ WAY SOUTH ST. PETERSBURG FL 33712	
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS	KESTER, RAY D	
CITY - ST - ZIP	6128 SHERBORN LANE SPRINGFIELD VA 22152	
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS		
CITY - ST - ZIP		
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	U00000063933	
CITY - ST - ZIP	02/23/04-80178-001 70.00	
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY - ST - ZIP		
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY - ST - ZIP		
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY - ST - ZIP		
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY - ST - ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: <i>Charles W. Ankerberg</i> CHARLES W. ANKERBERG	2/17/04	727-823891
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