

FILE NOW: FILING FEE IS \$61.25

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Feb 22, 1999 8:00 am
Secretary of State

02-22-1999 90020 044 ****70.00

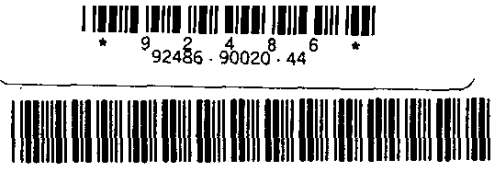
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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N97000007080

1. Corporation Name
THE AIR FORCE ENLISTED MEN'S WIDOWS AND DEPENDEN T'S HOME FOUNDATION, INC.

Principal Place of Business 92 SUNSET LANE SHALIMAR FL 32579	Mailing Address 92 SUNSET LANE SHALIMAR FL 32579
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 12/19/1997
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 23-7078212
City & State 23	City & State 28	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees
Country 29	Zip 30	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
WEAVER, LOYAL L 1900 PALMETTO PALM CIR NICEVILLE FL 32578		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WAVER, LOYAL L.	1.2 NAME	Weaver, Loyal L.
STREET ADDRESS	1900 PALMETTO PALM CIRCLE	1.3 STREET ADDRESS	(Correct spelling of last name.)
CITY-ST-ZIP	NICEVILLE FL 32578	1.4 CITY-ST-ZIP	
TITLE	CD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JERNIGAN, FINITH E.	2.2 NAME	
STREET ADDRESS	420 E. PINE AVE.	2.3 STREET ADDRESS	
CITY-ST-ZIP	CRESTVIEW FL 32536	2.4 CITY-ST-ZIP	
TITLE	STD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAGIER, JOHN	3.2 NAME	
STREET ADDRESS	133 JUDITH DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	VALPARAISO FL 32580	3.4 CITY-ST-ZIP	
TITLE	ASTD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CASKEY, LARRY W.	4.2 NAME	
STREET ADDRESS	1200 JAMES LEE BLVD. E.	4.3 STREET ADDRESS	
CITY-ST-ZIP	CRESTVIEW FL 32539	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: Loyal L. Weaver **REQUIRED** Loyal L. Weaver, PCEO 1/5/99 (850) 651-3766
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/98)