

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 27 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P12303 (4)			
1. Corporation Name 11TH BOMBARDMENT GROUP (H) ASSOCIATION, INCORPORATED			
Principal Place of Business 708 CHADSWORTH AVENUE SEFFNER FL 33584		Mailing Address 708 CHADSWORTH AVENUE SEFFNER FL 33584	
2. Principal Place of Business 21 Suite, Apt. #, etc.		2a. Mailing Address 26 Suite, Apt. #, etc.	
22 City & State 23		27 City & State 28	
24 Zip 25	Country 26	Zip 29 Country 30	
9. Name and Address of Current Registered Agent MAY, ROBERT E. 708 CHADSWORTH AVENUE SEFFNER FL 33584		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 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 ST NAME MAY, ROBERT E. STREET ADDRESS 708 CHADSWORTH AVE. CITY-ST-ZIP SEFFNER FL		<input type="checkbox"/> DELETE 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME ROE, W E STREET ADDRESS 51 S 100 CITY-ST-ZIP PANGWITCH UT		<input type="checkbox"/> DELETE 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME HENDERSON, DALE A. STREET ADDRESS 16510 BURNSIDE CITY-ST-ZIP PORTLAND OR		<input type="checkbox"/> DELETE 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME EBEL, DOYLE V. STREET ADDRESS 274 PONDEROSA CITY CITY-ST-ZIP MONTGOMERY TX		<input type="checkbox"/> DELETE 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME JURGENS, T.A. STREET ADDRESS 1400 N HANCOCK CITY-ST-ZIP FREMONT NE		<input type="checkbox"/> DELETE 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE P NAME LUCIEN, TRUDEL STREET ADDRESS 305 EAST MOHAVE RD CITY-ST-ZIP TUCSON AZ		<input type="checkbox"/> DELETE 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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.			



CR2E037 (10/97)

SIGNATURE: *Robert E. May* *3-24-98* *Robert E. May - st* *3-24-98* *813-681-3546*