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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 708715

1. Corporation Name

FLEET RESERVISTS OF SEMINOLE COUNTY, FLORIDA, INCORPORATED

Principal Place of Business

3040 STATE ROAD 46 WEST
SANFORD FL 32772-7461

Mailing Address

3040 STATE ROAD 46 WEST
SANFORD FL 32772-7461



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

03/26/1965

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

59-1095520

Applied For

Not Applicable

23 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

24 Zip Country

28 Zip Country

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HERRINGTON, ROBERT
1401 PURITAN ST
DELTONA FL 32725

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 PD
NAME HERRINGTON, ROBERT
STREET ADDRESS 1401 PURITAN ST
CITY-ST-ZIP DELTONA FL 32725

DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

Change Addition

TITLE VD
NAME DOM DEY, DWAYNE
STREET ADDRESS 244 CIRCLE DR
CITY-ST-ZIP DELAND FL 32724

DELETE

2.1 TITLE VD
2.2 NAME DOWNS, ROY
2.3 STREET ADDRESS 10 S CIRCLING WOOD CT.
2.4 CITY-ST-ZIP DAYTONA BEACH, FL 32124

Change Addition

TITLE TD
NAME WHITAKER, THOMAS
STREET ADDRESS 575 E ROBERTS ST
CITY-ST-ZIP ORANGE CITY FL

DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

Change Addition

TITLE SD
NAME KURZ, NORMAN
STREET ADDRESS 209 BITTERSWEET DR
CITY-ST-ZIP DEBARY FL

DELETE

4.1 TITLE SD
4.2 NAME JOHNSON, DAN
4.3 STREET ADDRESS 103 CIRCLING WOOD CT.
4.4 CITY-ST-ZIP DAYTONA BEACH, FL 32124

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

Change Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-14-99

Date

4098602654

Daytime Phone #

CR2E037 (1/198)