

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

FILED
Feb 16, 2004 8:00 am
Secretary of State

02-16-2004 90028 045 ****70.00

DOCUMENT # 708715							
1. Entity 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		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State		4. FEI Number 59-1095520			
Zip	Country	Zip	Country	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
MAHANKE, FRANCIS C 1350 QUINTUPLET DR CASSELBERRY FL 32707			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 <i>Francis Mahanke</i>		Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)			
DATE							
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			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10				
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	MAHANKE, FRANCIS C		NAME				
STREET ADDRESS	1350 QUINTUPLET DR		STREET ADDRESS				
CITY-ST-ZIP	CASSELBERRY FL 32707-3515		CITY-ST-ZIP				
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	VOORHEES, DWIGHT		NAME				
STREET ADDRESS	779 HOLLY HILL DRIVE		STREET ADDRESS				
CITY-ST-ZIP	CASSELBERRY FL 32707-2709		CITY-ST-ZIP				
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition		
NAME	POUNDS, ELIZABETH H		NAME	Treasurer			
STREET ADDRESS	105 CIRCLING WOOD CT		STREET ADDRESS	William A. Roffe			
CITY-ST-ZIP	PORT ORANGE FL 32128		CITY-ST-ZIP	8241 Via Bonita			
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	Secretary			
NAME	POUNDS, ELIZABETH		NAME	William A. Roffe			
STREET ADDRESS	105 CIRCLING WOOD CT		STREET ADDRESS	8241 Via Bonita			
CITY-ST-ZIP	PORT ORANGE FL 32128		CITY-ST-ZIP	Sanford, Florida 32771			
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change		
NAME			NAME		<input type="checkbox"/> Addition		
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change		
NAME			NAME		<input type="checkbox"/> Addition		
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change		
NAME			NAME		<input type="checkbox"/> Addition		
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			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>Francis Mahanke</i>		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date			
				Daytime Phone #			