


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 22, 2007 8:00 am**  
**Secretary of State**

02-22-2007 90022 012 \*\*\*\*70.00

|   |         |  |         |
|---|---------|--|---------|
| <b>DOCUMENT # 708715</b>  |         |         |         |
| 1. Entity Name<br><b>FLEET RESERVISTS OF SEMINOLE COUNTY, FLORIDA, INCORPORATED</b>   |         |  |         |
| Principal Place of Business<br><b>3040 STATE ROAD 46 WEST<br/>SANFORD FL 32772-7461</b>   |         | Mailing Address<br><b>3040 STATE ROAD 46 WEST<br/>SANFORD FL 32772-7461</b>              |         |
| 2. Principal Place of Business - No P.O. Box #  |         | 3. Mailing Address   |         |
| Suite, Apt. #, etc.   |         | Suite, Apt. #, etc.  |         |
| City & State  |         | City & State   |         |
| Zip   | Country | Zip  | Country |
| <b>6. Name and Address of Current Registered Agent</b>  |         | <b>7. Name and Address of New Registered Agent</b>                                       |         |
| <b>MORIARTY, RICHARD<br/>8 MONROE AVE<br/>DEBARY FL 32713</b>   |         | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><b>FL</b> 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>Richard T. Moriarty</i>  |         | SIGNATURE <i>Richard T. Moriarty</i> DATE <i>2/18/07</i>                                 |         |
| Signature, typed or printed name of registered agent and title if applicable.   |         | (NOTE: Registered Agent signature required when reinstating)                             |         |



1st MOORE CR2E037 (10/06)

|   |  |
|---|--|
| 4. FEI Number<br><b>59-1095520</b>                        | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional Fee Required                  |

|  |   |  |
|--|---|--|
| <b>FILE NOW: FEE IS \$61.25<br/>Due By May 1, 2007</b> | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees | <b>Make Check Payable to Florida Department of State</b> |
|--|---|--|

| 10. OFFICERS AND DIRECTORS                     |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |  |
|--|--|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>MORIARTY, RICHARD<br>8 MONROE AVE<br>DEBARY FL 32713 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VP<br>WILLIAMS, ROY<br>305041 JOHNS LN<br>EUSTIS FL 32726 <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | T<br>ROFFER, LIDA M<br>8241 VIA BONITA<br>SANFORD FL 32771 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | S<br>ROFFE, LIDA M<br>8241 VIA BONITA<br>SANFORD FL 32771 <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:** *Richard T. Moriarty* *Richard T. Moriarty* *2/18/07* *407-700-3897*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Cayenne Phone #

# ATTACHMENT

60018015

#70875

PROPOSED AMENDMENTS TO FLEET RESERVISTS of SEMINOLE COUNTY INC. CBL

ADD FOLLOWING TO ARTICLE VII VOTING

Section 3. All members in good standing of the Corporation Board of Directors, whether they be Regular Branch 147 members or Associate members shall be entitled to one vote on all matters brought before the Board.

Section 4. L.A.F.R.A. Unit 147 may delegate one member to attend all Corporation Board of Directors meetings. The selected delegate shall be entitled to one vote on all matters brought before the Board

Note; Changes to the ByLaws shall be made by a majority vote of the Board of Directors and ratified by a majority vote of regular members present at a general assembly meeting. in accordance; CBL Article VIII section 2.

These changes were ratified 2/12/2007 at the General Assembly Meeting.