

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 708715

FILED  
Jan 11, 2011  
Secretary of State

**Entity Name:** FLEET RESERVISTS OF SEMINOLE COUNTY, FLORIDA, INCORPORATED

**Current Principal Place of Business:**

3040 STATE ROAD 46 WEST  
SANFORD, FL 327727461

**New Principal Place of Business:**

3040 STATE ROAD 46 WEST  
SANFORD, FL 32771 US

**Current Mailing Address:**

3040 STATE ROAD 46 WEST  
SANFORD, FL 327727461

**New Mailing Address:**

3040 STATE ROAD 46 WEST  
SANFORD, FL 32771 US

FEI Number: 59-1095520

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CALVIN, PATRICIA A  
324 KINGSLAKE DR  
DEBARY, FL 32713 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: COLVENBACH, STEPHEN  
Address: 113 CRESCENT  
City-St-Zip: SANFORD, FL 32771

Title: VP  
Name: MORIARTY, RICHARD  
Address: 8 MONROE AVENUE  
City-St-Zip: DEBARY, FL 32713

Title: JR P  
Name: RAY, MAURICE  
Address: 110 ALBRIGHTON DR  
City-St-Zip: LONGWOOD, FL 32779

Title: S  
Name: CALVIN, PATRICIA A  
Address: 324 KINGSLAKE DR  
City-St-Zip: DEBARY, FL 32713

Title: T  
Name: COLVENBACH, CHERYL L  
Address: 113 CRESCENT BLVD.  
City-St-Zip: SANFORD, FL 32771

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: PATRICIA A. CALVIN

S

01/11/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date