

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 06, 2006 08:00 AM
Secretary of State

DOCUMENT # 715460		
1. Entity Name FLEET RESERVE HALL, INC.		

Principal Place of Business 657 FISHERMAN STREET OPA LOCKA FL 33054	Mailing Address 657 FISHERMAN STREET OPA LOCKA FL 33054
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E037 (10/05)

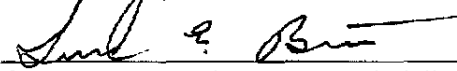
4. FEI Number 59-1549752	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent BENOIT, LEONAD 2648 NASSAU DR. MIRAMAR FL 33023	
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7. Name and Address of New Registered Agent	
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 	DATE 3-2-06
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FILE NOW: FEE IS \$61.25
Due By May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐	\$5.00 May Be Added to Fees
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**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS	
TITLE	☐ Delete
NAME	S BOLYLE, WILLIAM O.
STREET ADDRESS	19143 NW 19TH ST
CITY-STATE-ZIP	PEMBROKE PINES FL
TITLE	☐ Delete
NAME	D ANLAGE, BEN
STREET ADDRESS	630 N.W. 188 ST.
CITY-STATE-ZIP	MIAMI FL
TITLE	☐ Delete
NAME	T SHORE, RICHARD B
STREET ADDRESS	6930 SW 28 ST
CITY-STATE-ZIP	MIRAMAR FL
TITLE	☐ Delete
NAME	D BENOIT, LEONARD E
STREET ADDRESS	2648 NASSAU DR
CITY-STATE-ZIP	MIRAMAR FL
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

00000456490
03/16/06 80031-009 61.25

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  DATE **3-2-06**