FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

FILED Feb 20, 1999 8:00 am Secretary of State

02-20-1999 90130 038 ****61.25

DOCU	MENT	#	737028		

1. Corporation Name

RETIRED ARMY JUDGE ADVOCATES ASSOCIATION, INC.

Principal Place of Business 8 EISENHOWER PLACE

Mailing Address **8 EISENHOWER PLACE** PALM COAST FL 32164

PALM COAST FL 32164 US

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1						·			
2. Principal I	pal Place of Business 2a. Mailing Address					Date Incorporated or Qualifed			
21		26				10/13/1976		ļ	
Suite, Apt	. #, etc.	Suite, Apt. #, etc.				4. FEI Number	Ar	oplied For	
22		27				59-1737757	No	ot Applicable	
City & Sta	ite	City & State				5. Certifcate of Status Desired	\$8.75	Additional	
23		28				5. Certificate of Status Desired	Fee Ro	equired	
Zip	Country	Zip	Count	ry	-	6. Election Campaign Financing	\$5.00	May Be	
24	25		30			Trust Fund Contribution	•	to Fees	
	 Name and Address of Current 	Registered Agent				10. Name and Address of New Registere	d Agent		
			8	11	Name				
PIERCE, DONALD L				82 Street Address (P.O. Box Number is Not Acceptable)					
	IOWER PLACE		Ľ			55 (1 .5. 55x (1555) 15 (16., 1656)			
	AST FL 32164		8	3					
			-	4	O!4 ·		100 200	0.4.	
			*	*	City	F	85 Zip (Code	
11. Pursuant	to the provisions of Sections 617.0502	and 617.1508, Florida Statute	s, the abo	ve-i	named corpor	ration submits this statement for the purpose of	of changing its	registered	
oπice or	registered agent, or both, in the State c am familiar with, and accept the obligati	it Florida. Such change was at	uthorized b	y th	e corporation	i's board of directors. I hereby accept the app	ointment as re	gistered	
_	•	3110 317 2333217 311.33335, 1101	······································						
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE:	Registered Ag	ent s	signature required w	when reinstating) DATE			
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	RS IN 12	
TITLE	PD	☐ DELETE	. 1.1 TITLE	:			☐ Change	☐ Addition	
NAME	MUNDT, JAMES A		1.2 NAME	Ε					
STREET ADDRESS	4538 VALENCIA CIRCLE		1.3 STRE	ETA	DORESS		•		
CITY-ST-ZIP	COLORADO SPRINGS CO 8091	7	1.4 CITY-	ST-Z	ZIP				
TITLE	D	☐ DELETE	2.1 TITLE	_			Change	Addition	
NAME	PIERCE, DONALD L		2.2 NAME					_	
STREET ADDRESS			2.3 STRE	FTAI	DORESS				
CITY-ST-ZIP	PALM COAST FL 32164		2.4 CITY-			- ***		ĺ	
TITLE	D	☐ DELETE	3.1 TITLE	_			☐ Change	Addition	
NAME	RICE, PAUL J		3.2 NAME				_ •	_	
STREET ADDRESS	'		3.3 STREE		DORESS				
CITY-ST-ZIP	SPRINGFIELD VA 22152		3.4. CITY-						
TITLE	D	☐ DELETE	4.1 TITLE		P24		☐ Change	Addition	
NAME	MEENGS, PHILLIP G		4. 2 NAME				94	٠,،٠٠٠٠	
STREET ADDRESS	1515 SAN PABLO DRIVE		4.3 STREE		ODRESS				
CITY-ST-ZIP	LAKE SAN MARCOS CA 92069		4.4 CITY-						
TITLE	D	☐ DELETE	5.1 TITLE		ar .		Change	Addition	
NAME	CONBOY, JOSEPH B		5.2 NAME				. Lineinge	A0010011	
STREET ADDRESS	3208 57TH ST		5.3 STREE		ODRESS				
CITY-ST-ZIP	LUBBOCK TX 78232		5.4 CITY-						
TITLE	STD	☐ DELETE	6.1 TITLE		-		☐ Change	Addition	
NAME	- · -	5000,0	6.2 NAME				□ ourning		
STREET ADDRESS	WERNER, STEVEN M 324 S. CASCADE		6.3 STREE		nnpree			ţ	
CITY-ST-ZIP	COLORADO SPRINGS CO 80903		6.4 CITY-5	SI-Z	.pr			i	

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 suppliermental 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 of an attachment with an address, with all other like empowered.

SIGNATURE: