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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N00594

1. Corporation Name

THE FIRST FLORIDA CHAPTER OF THE MILITARY VEHICLE PRESERVATION ASSOCIATION, INC.

Principal Place of Business
 2232 SMILEY AVE
 WINTER PARK FL 32792

Mailing Address
 2232 SMILEY AVE
 WINTER PARK FL 32792



2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 12/27/1983
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI-Number 59-2362278
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent BAKER, JAMES E JR 5548 HWY 316 EAST SPARR FL 32192	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number Is Not Acceptable) 83 84 City FL 85 Zip Code
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as its registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE JAMES E. BAKER JR DATE 4/9/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when necessary)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PDD	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BAKER, JAMES E JR		1.2 NAME	
STREET ADDRESS 5548 HWY 316 EAST		1.3 STREET ADDRESS	
CITY-ST-ZIP SPARR FL		1.4 CITY-ST-ZIP	
TITLE VP	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MURTY, ROBERT D		2.2 NAME	
STREET ADDRESS 7043 SW 99TH ST		2.3 STREET ADDRESS	
CITY-ST-ZIP OCALA FL		2.4 CITY-ST-ZIP	
TITLE TD	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BYERS, ALAN T.		3.2 NAME	
STREET ADDRESS 734 TIMOR AVE		3.3 STREET ADDRESS	
CITY-ST-ZIP ORLANDO FL 32804-1748		3.4 CITY-ST-ZIP	
TITLE E	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME KELLER, WALTER W III		4.2 NAME	
STREET ADDRESS 220 12TH AVE SO		4.3 STREET ADDRESS	
CITY-ST-ZIP SAFETY HARBOR FL		4.4 CITY-ST-ZIP	
TITLE SD	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BYERS, ALAN		5.2 NAME	
STREET ADDRESS 734 TIMOR AVE		5.3 STREET ADDRESS	
CITY-ST-ZIP ORLANDO FL		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), Florida Statutes. I further certify that the information indicated on this annual report or supplemental 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 on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED DATE 4/9/99 (352) 595-7106
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2F037 (1/98)