

**FILED**  
**May 16, 2002 8:00 am**  
**Secretary of State**

05-16-2002 90062 013 \*\*\*\*61.25

**NOT-FOR-PROFIT CORPORATION**  
**UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # NO1000004150

1. Entity Name

75th Ohio Volunteer Infantry Regiment, Inc.

661938

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

159 Memory Lane

3. Mailing Address

159 Memory Lane

Suite, Apt. #, etc.

NA

Suite, Apt. #, etc.

NA

City &amp; State

Palm Bay, FL

City &amp; State

Palm Bay, FL

Zip

32907

Country

Brevard

Zip

32907

Country

Brevard

4. FEI Number

59-3731633

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Tonda King

Street Address (P.O. Box Number is Not Acceptable)

14598 SW 37th Ct.

City Ocala

FL 34473

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Tonda King, Director Chair Person

FEE IS \$61.25

Initial or Amended UBR

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

## 10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P Mr. Barry King 14598 SW 37th. Ct, Ocala FL 34473
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP - Mr. Paul Saia 939 Seashell Lane Ponte Verda, Bch FL 32082
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T- Wm. Whitehead 2708 Riseman St Kissemee, FL 34743
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S- Mrs. Anita Smith 6105 Pine Tree Dr. Fort Pierce, FL 34982
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D/C - Mrs. Tonda King 14598 37th Ct Ocala, FL 34473
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D - Mrs. Mary Ellen Nigh 1523 Eagle Ave Palm Bay, FL 32907

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**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mr. Barry King

(352) 307-8841

Date

Daytime Phone #

CR2E0378 (12/01)

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Attachment  
#N01000004150  
661938

Block 10 (Continued)

D - Mrs. Tracey Pfluger  
372 Jefferson St.  
Casselberry, FL 32707