

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000004645

FILED
Feb 23, 2012
Secretary of State

Entity Name: AFA FALCON CHAPTER #399, INCORPORATED

Current Principal Place of Business:

1431 RIVER PLACE BLVD
#1009
JACKSONVILLE, FL 32207 US

New Principal Place of Business:

Current Mailing Address:

1431 RIVER PLACE BLVD
#1009
JACKSONVILLE, FL 32207 US

New Mailing Address:

FEI Number: 32-0216514 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WEBSTER, ERNEST L
1822 BRUSH HILL ROAD
JACKSONVILLE, FL 32211 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: CD
Name: KOZDRAS, FRANK W
Address: 1431 RIVER PLACE BLVD #1009
City-St-Zip: JACKSONVILLE, FL 32207 US

Title: VCD
Name: BELGE, LARRY B
Address: 4769 BEACON DRIVE WEST
City-St-Zip: JACKSONVILLE, FL 32224 US

Title: SD
Name: BILIK, ROBERT V
Address: 747 EGRET BLUFF LANE
City-St-Zip: JACKSONVILLE, FL 32211 US

Title: TD
Name: WEBSTER, ERNEST L
Address: 1822 BRUSH HILL ROAD
City-St-Zip: JACKSONVILLE, FL 32211

Title: D
Name: STUART, JOHN B
Address: 10253 BRIARCLIFF ROAD EAST
City-St-Zip: JACKSONVILLE, FL 32218 US

Title: D
Name: HUMPHRIES, HOMER H
Address: 70 VILLAGE WALK LANE
City-St-Zip: PONTE VEDRA, FL 32082 US

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: FRANK W. KOZDRAS

CD

02/23/2012

Electronic Signature of Signing Officer or Director

_____ Date