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**Mar 02, 1999 8:00 am**  
**Secretary of State**

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03-02-1999 90163 038 \*\*\*\*61.25

NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N97000005658**

1. Corporation Name  
**NONCOMMISSIONED OFFICERS' CLUB OF SAINT AUGUSTIN E, INC.**

Principal Place of Business 190 SAN MARCO AVE ST AUGUSTINE FL	Mailing Address 190 SAN MARCO AVE ST AUGUSTINE FL
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 10/07/1997
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-3446036
City & State 23	City & State 28	Applied For Not Applicable
Zip 24	Country 25	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 29	Country 30	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				10. Name and Address of New Registered Agent	
WOODRUFF, WOODY 3703 BLUFF LANE ST AUGUSTINE FL				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	
				84	City

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 registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD LILES, DARYL 2991 BAY STREET ST. AUGUSTINE FL 32092	1.1 TITLE	TD QUINN, RAY A 1097 WINTERHAWK DRIVE ST. AUGUSTINE FL 32086
	<input checked="" type="checkbox"/> DELETE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	VD NESTER, DANIEL 2284 TWIN FOX TRAILS ST. AUGUSTINE FL 32085	2.1 TITLE	PD
	<input type="checkbox"/> DELETE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	SD LINGOLD, JENNIFER 2250 OLD MOULTRIE #78 ST. AUGUSTINE FL 32085	3.1 TITLE	IRA E MCQUANG 112 MORNING VIEW PLACE ST. AUGUSTINE, FL 32086
	<input checked="" type="checkbox"/> DELETE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	TD HOWARD, STEVEN 3656 TWISTED OAK COURT LAKE WALES FL 33853	4.1 TITLE	
	<input checked="" type="checkbox"/> DELETE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D WALER, JOHN 5385 PORTER RD EXT. ST AUGUSTINE FL	5.1 TITLE	
	<input type="checkbox"/> DELETE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D WOODRUFF, WOODY 3703 BLUFF LANE ST AUGUSTINE FL	6.1 TITLE	
	<input type="checkbox"/> DELETE		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 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: RAY A QUINN 4 Feb 99 904-823-0154  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/98)