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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

290497 - 90039 - 41

DOCUMENT # N98000006510

1. Corporation Name

SPECIAL MILITARY ACTIVE RETIRED TRAVEL CLUB, INC

Principal Place of Business	Mailing Address
600 UNIVERSITY OFFICE PARK BLDG 1, SUITE A PENSACOLA FL 32504	600 UNIVERSITY OFFICE PARK BLDG 1, SUITE A PENSACOLA FL 32504

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 Country — 30

3. Date Incorporated or Qualified: 11/17/1998

4. FEI Number: 46-0320012 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required.

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

WORMAN, CELINA
600 UNIVERSITY OFFICE PARK
BLDG 1, SUITE A
PENSACOLA FL 32504

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

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NATIONAL Secretary/Treasurer ☐ DELETE FS	1.1 TITLE	☐ Change ☐ Addition
NAME	CELINA WORMAN D	1.2 NAME	
STREET ADDRESS	600 University ofc Blvd #1A	1.3 STREET ADDRESS	
CITY-ST-ZIP	Pensacola, fl 32504	1.4 CITY-ST-ZIP	
TITLE	President ☐ DELETE P	2.1 TITLE	President ☒ Change ☐ Addition
NAME	John Whitcomb D	2.2 NAME	John Whitcomb
STREET ADDRESS	600 University ofc Blvd #1A	2.3 STREET ADDRESS	P.O. Box 23051
CITY-ST-ZIP	Pensacola, fl 32504	2.4 CITY-ST-ZIP	Jacksonville, Fl 32241
TITLE	Vice President ☐ DELETE VP	3.1 TITLE	1st Vice President ☒ Change ☐ Addition
NAME	Bob McCoy D	3.2 NAME	Bob McCoy
STREET ADDRESS	600 University ofc Blvd #1A	3.3 STREET ADDRESS	2320 NE 134th pl
CITY-ST-ZIP	Pensacola, fl 32504	3.4 CITY-ST-ZIP	Portland, OR 97230
TITLE	PAST President ☐ DELETE D	4.1 TITLE	☐ Change ☒ Addition
NAME	Roy Allen #76660	4.2 NAME	
STREET ADDRESS	3590 Roundbottom Rd, P.O.B 44209	4.3 STREET ADDRESS	
CITY-ST-ZIP	Cincinnati, OH 45244-3026	4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E037 (11/98)

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: SIGNATURE REQUIRED — CELINA WORMAN — 2/23/99 — 800-354-7681
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Celina Worman 3/30/99 800-354-7681