

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N48266

FILED
May 01, 2009
Secretary of State

Entity Name: FLEET RESERVE ASSOCIATION, BRANCH #91, INC.

Current Principal Place of Business:

5391 COLLINS RD
JACKSONVILLE, FL 32244

New Principal Place of Business:

Current Mailing Address:

5391 COLLINS RD
JACKSONVILLE, FL 32244

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

THIES, JAMES R.
2223 ASTER ST M-12
ORANGE PARK, FL 32073 US

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: SD () Delete
Name: RICHTER, TODD A
Address: 3548 BARREL SPRINGS DR
City-St-Zip: ORANGE PARK, FL 32073

Title: P () Delete
Name: ROBBINS, JAMES E
Address: 2712 HOLLY RIDGE DR
City-St-Zip: ORANGE PARK, FL 32073

Title: VD () Delete
Name: JOHNS, BOBBY
Address: 5925 LONG BRANCH CEMETEERY
City-St-Zip: JACKSONVILLE, FL 32244

Title: TD () Delete
Name: ANDREWS, FRANK M
Address: 5360 CHESTNUT LAKE DR
City-St-Zip: JACKSONVILLE, FL 32258

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: FRANK ANDREWS

TD

05/01/2009

Electronic Signature of Signing Officer or Director

Date