

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N07000004645

**FILED**  
**May 26, 2015**  
**Secretary of State**  
**CC9949337343**

**Entity Name:** AFA FALCON CHAPTER #399, INCORPORATED

**Current Principal Place of Business:**

4769 BEACON DRIVE WEST  
JACKSONVILLE, FL 32225-4025

**Current Mailing Address:**

4769 BEACON DRIVE WEST  
JACKSONVILLE, FL 32225-4025 US

**FEI Number:** 32-0216514

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

WEBSTER, ERNEST L  
1822 BRUSH HILL ROAD  
JACKSONVILLE, FL 32211-4924 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

**Officer/Director Detail :**

Title CD  
Name BELGE, LARRY B  
Address 4769 BEACON DRIVE WEST  
City-State-Zip: JACKSONVILLE FL 32225-4025

Title VCD  
Name KOZDRAS, FRANK W  
Address 1431 RIVERPLACE BLVD  
#2206  
City-State-Zip: JACKSONVILLE FL 32207-9103

Title SD  
Name FOURAKER, BRUCE A  
Address 4441 GLENA TRACE COURT  
City-State-Zip: JACKSONVILLE FL 32257-8080

Title TD  
Name WEBSTER, ERNEST L  
Address 1822 BRUSH HILL ROAD  
City-State-Zip: JACKSONVILLE FL 32211-4924

Title D  
Name STUART, JOHN B  
Address 10253 BRIARCLIFF ROAD EAST  
City-State-Zip: JACKSONVILLE FL 32218-8109

Title D  
Name DUNKLEY, FRED A  
Address 1135 CARLOTTA ROAD WEST  
City-State-Zip: JACKSONVILLE FL 32211-6021

Title DIRECTOR  
Name CHIN, CARLA  
Address 9128 WOODJACK CT  
City-State-Zip: JACKSONVILLE FL 32256

Title DIRECTOR  
Name BURR, PAMELA L  
Address 8765 BISHOPSWOOD DR  
City-State-Zip: JACKSONVILLE FL 32244-6003

*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:** WEBSTER, ERNEST L.

**TREASURER**

**05/26/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date