

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

**CORPORATION  
ANNUAL REPORT  
1995**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Northam  
Secretary of State  
DIVISION OF CORPORATIONS

**APPROVED  
AND  
FILED**

95 MAY -1 PM 9:28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # 705700 (3)**

1. Corporation Name

**AMERICAN CIVIL DEFENSE ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

118 COURT STREET  
P.O. BOX 1067  
STARKE FL 32091

118 COURT STREET  
P.O. BOX 1067  
STARKE FL 32091

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified

06/03/1963

3a. Date of Last Report

01/20/1994

4. FEI Number

59-1981319

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$0.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution

☐

**\$5.00 May Be  
Added to Fees**

7. Nonprofit with IRS 501(c)(3)  
Tax Exempt Status

☒

**\$68.75 Supplemental  
Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032,  
Florida Statutes

☐ Yes

☒ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~NAME, BETTY H.~~  
118 COURT STREET  
STARKE FL 32091

81 Name

Walter H. Murphey

82 Street Address (P.O. Box Number is Not Acceptable)

118 Court Street

83

84 City

Starke

FL

85

Zip Code  
32091

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

*Walter H. Murphey*

Walter H. Murphey

04.25.95

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                |                                |
|----------------|--------------------------------|
| TITLE          | PD                             |
| NAME           | KLINGHOFFER, MAX M.D.          |
| STREET ADDRESS | 338 WAYNE AVE                  |
| CITY- ST- ZIP  | INDIANLANTIC FL                |
| TITLE          | <del>STD</del>                 |
| NAME           | <del>TYLOR, JANICE</del>       |
| STREET ADDRESS | <del>118 COURT STREET</del>    |
| CITY- ST- ZIP  | <del>STARKE, FL 32091</del>    |
| TITLE          | VD                             |
| NAME           | GREENE, NANCY DEALE            |
| STREET ADDRESS | P O BOX 8021 N/A               |
| CITY- ST- ZIP  | INCLINE VILLAGE NV             |
| TITLE          | VD                             |
| NAME           | MURPHEY, WALTER H.             |
| STREET ADDRESS | 118 COURT ST.                  |
| CITY- ST- ZIP  | STARKE FL                      |
| TITLE          | <del>D</del>                   |
| NAME           | <del>MUGGI, ANNA MARIA M</del> |
| STREET ADDRESS | <del>5 WESTVIEW COURT</del>    |
| CITY- ST- ZIP  | <del>CEDAR GROVE NJ</del>      |
| TITLE          | DP                             |
| NAME           | DONALD J. MITCHELL             |
| STREET ADDRESS | P.O. BOX 637                   |
| CITY- ST- ZIP  | CEDER KEY FL                   |

|                    |                                                                   |
|--------------------|-------------------------------------------------------------------|
| 1.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME           |                                                                   |
| 1.3 STREET ADDRESS |                                                                   |
| 1.4 CITY- ST- ZIP  |                                                                   |
| 2.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME           |                                                                   |
| 2.3 STREET ADDRESS |                                                                   |
| 2.4 CITY- ST- ZIP  |                                                                   |
| 3.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME           |                                                                   |
| 3.3 STREET ADDRESS |                                                                   |
| 3.4 CITY- ST- ZIP  |                                                                   |
| 4.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME           |                                                                   |
| 4.3 STREET ADDRESS |                                                                   |
| 4.4 CITY- ST- ZIP  |                                                                   |
| 5.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME           |                                                                   |
| 5.3 STREET ADDRESS |                                                                   |
| 5.4 CITY- ST- ZIP  |                                                                   |
| 6.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME           |                                                                   |
| 6.3 STREET ADDRESS |                                                                   |
| 6.4 CITY- ST- ZIP  |                                                                   |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

*Walter H. Murphey*

Walter H. Murphey

04.25.94

704.964.5397

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #