

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 705700 (3)

1. Corporation Name

AMERICAN CIVIL DEFENSE ASSOCIATION, INC.



Principal Place of Business

Mailing Address

118 COURT STREET
P.O. BOX 1057
STARKE FL 32091

118 COURT STREET
P.O. BOX 1057
STARKE FL 32091

3. Date Incorporated or Qualified
06/03/1963

3a. Date of Last Report
05/01/1995

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

MURPHEY, WALTER H
118 COURT STREET
STARKE FL 32091

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☒ DELETE
NAME KLINGHOFFER, MAX M.D.
STREET ADDRESS 336 WAYNE AVE
CITY-ST-ZIP INDIANLANTIC FL

1.1 TITLE PD ☐ Change ☒ Addition
1.2 NAME BRIGGS, KEVIN
1.3 STREET ADDRESS 5121 FIRST ROAD
1.4 CITY-ST-ZIP FAIRFAX, VA.

TITLE VD ☒ DELETE
NAME GREENE, NANCY DEALE
STREET ADDRESS P O BOX 8021 N/A
CITY-ST-ZIP INCLINE VILLAGE NV

2.1 TITLE VD ☐ Change ☒ Addition
2.2 NAME BROWN, KENNETH P.
2.3 STREET ADDRESS 12021 N.W. 39th AVE.
2.4 CITY-ST-ZIP GAINESVILLE, FL

TITLE VD ☐ DELETE
NAME MURPHEY, WALTER H.
STREET ADDRESS 118 COURT ST.
CITY-ST-ZIP STARKE FL

3.1 TITLE ED ☒ Change ☐ Addition
3.2 NAME MURPHEY, WALTER H.
3.3 STREET ADDRESS 118 COURT ST.
3.4 CITY-ST-ZIP STARKE, FL.

TITLE DP ☐ DELETE
NAME DONALD J. MITCHELL
STREET ADDRESS P.O. BOX 637
CITY-ST-ZIP CEDER KEY FL

4.1 TITLE DP ☐ Change ☐ Addition
4.2 NAME MITCHELL, DONALD J.
4.3 STREET ADDRESS P.O. BOX 637
4.4 CITY-ST-ZIP CEDAR KEY, FL.

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)