

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Sep 25 1997 8:00am
Secretary of State

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/03/1963

3a. Date of Last Report

03/26/1996

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 KATHY EILAND

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

83 118 COURT STREET

84 City STARKE

85 Zip Code FL 32091

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 REGINA BASS (SEC/TREAS)

09/10/97

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

(NOT) Registered Agent signature required when reinstating.

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME BRIGGS, KEVIN
STREET ADDRESS 5121 FIRST ROAD
CITY-ST-ZIP FAIRFAX VA

1.1 TITLE PD
1.2 NAME BRIGGS, KEVIN
1.3 STREET ADDRESS 5121 FIRST ROAD
1.4 CITY-ST-ZIP FAIRFAX, VA 22030

TITLE VD
NAME BROWN, KENNETH
STREET ADDRESS 12021 NW 39TH AVENUE
CITY-ST-ZIP GAINESVILLE FL

2.1 TITLE VD
2.2 NAME GREENE, NANCY D.
2.3 STREET ADDRESS PO BOX 7339
2.4 CITY-ST-ZIP INCLINE VILLAGE, NV 89450

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

3.1 TITLE ED
3.2 NAME EILAND, KATHY
3.3 STREET ADDRESS 118 COURT STREET
3.4 CITY-ST-ZIP STARKE, FL 32091

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

4.1 TITLE ST
4.2 NAME BASS, REGINA
4.3 STREET ADDRESS RT. 4 BOX 1304
4.4 CITY-ST-ZIP STARKE, FL 32091

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE SIGNATURE REQUIRED

09/10/97 (09/10/97) 96445397

CR2E037 (4/97)