FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 705700

(3)

FILED Feb 10 1998 8:00am Secretary of State

AMERI	CAN CIVIL DEFENSE ASS	OCIATION, INC.			
Principal Plac	e of Business	Malling Address		1 (40)14 19091 00701 01111 10011 00111 88/1 8/0(1	BIBAL OF BIF BEBAR BIBAL BABIA INDI
118 COURT STREET 118 COURT STREET P.O. BOX 1057 P.O. BOX 1057 STARKE FL 32091 STARKE FL 32091				3. Date Incorporated or Qualified 06/03/1963 4. FEI Number	Applied For
				59-1981319	Not Applicable
2. Principal P	lace of Business	2e. Malling Address 26		5. Certificate of Status Desired	\$8.75 Additional Fee Required
Sulte, Apt.	#, etc.	Suite, Apt. #, etc.		6. Election Campaign Financing	\$5.00 May Be
City & State	<u>. </u>	City & State		7. Is this nonprofit corporation a homeowr	Added to Fees
23	-	28		Yes	No No
Zip	Country	Zip	Country	8. This corporation owes or has paid the	
24	25		30	Personal Property Tax due June 30.	Yes No
	9. Name and Address of Curr	ent Registered Agent	81 Name	10. Name and Address of New Registers	A Agent
F# 4410	1/4 9 187		81 Name		
EILAND, KATHY 118 COURT ST			82 Street Addr	ress (P.O. Box Number is Not Acceptable)	
	FL 32091		83		
VITALING.	1 6 02001				1001 70 0 4
			84 City	F	85 Zip Code
11. Pursuant	to the provisions of Sections 617.0	502 and 617.1508, Florida Statute	s, the above-named corp	poration submits this statement for the purpose	of changing its registered
omice or r	egistered agent, or both, in the Sta m familiar with, and accept the obl	te of Florida, Such change was a igations of, Section 617.0503, Flo	utnorized by the corporat rida Statutes.	tion's board of directors. I hereby accept the a	ppointment as registered
SIGNATURE					
	Signature, typed or printed name of registered a	·	Registered Agent signature require 13.	red when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS A	
12.	PD OFFICERS A	ND DIRECTORS DELETE	1.1 TITLE	ADDITIONS/CHANGES TO OFFICERS A	Change Addition
NAME	BRIGGS, KEVIN		1.2 NAME		
STREET ADDRESS	5121 FIRST ROAD		1.3 STREET ADDRESS		
CITY-ST-ZIP	FAIRFAX VA		1.4 CITY-ST-ZIP		
TITLE	V O	DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	Greene, Nancy D		2.2 NAME		
STREET ADDRESS	P O BOX 7339 N/A		2.3 STREET ADDRESS		
CITY-ST-ZIP	INCLINE VILLAGE NV		2. 4 CITY - ST - ZIP		
TATLE	ED	☐ DELETE	3.1 TITLE		Change Addition
NAME	EILAND, KATHY		3.2 NAME		
STREET ADDRESS	118 COURT ST.		3.3 STREET ADDRESS		
CITY-ST-ZIP	STARKE FL ST	□ nci crc	3.4. CITY-ST-ZIP		Change Addition
TITLE	BASS, REGINA	DELETE	4.1 TITLE		CT custings CT Manifolds
NAME STREET ADDRESS	RTE 4 BOX 1304		4. 2 NAME 4.3 STREET ADDRESS		
	STARKE FL		4.4 CITY-ST-ZIP		
CITY-ST-ZIP TITLE		DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 THLE		Change Addition
NAME			62 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY - ST - ZIP		

14. I 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 expandment with an address.

CIONATURE A CALLER ORDE

Region Boxes

01-02-98

(904)964-5397