


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 13, 2004 08:00 AM
Secretary of State

DOCUMENT # 705700 1. Entity Name AMERICAN CIVIL DEFENSE ASSOCIATION, INC.	
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Principal Place of Business 118 COURT STREET P.O. BOX 1057 STARKE, FL 32091	Mailing Address 118 COURT STREET P.O. BOX 1057 STARKE, FL 32091
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01152004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1981319	Applied For Not Applicable
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5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**EILAND, KATHY
118 COURT ST
STARKE, FL 32091**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000111483
04/13/04-80019-001 70.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD GREENE, NANCY D P O BOX 7339 N/A INCLINE VILLAGE, NV
TITLE NAME STREET ADDRESS CITY- ST- ZIP	ED EILAND, KATHY 118 COURT ST. STARKE, FL
TITLE NAME STREET ADDRESS CITY- ST- ZIP	ST FRAMPTON, REGINA 7118 SW CR 225 STARKE, FL
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TITLE NAME STREET ADDRESS CITY- ST- ZIP	

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IN THIS SPACE**

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Regina Frampton Regina Frampton 04/12/04 (904)964-5397
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #