

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 02, 2006 8:00 am
Secretary of State

02-02-2006 90074 049 ****61.25

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1. Entity Name

**FLEET RESERVE ASSOCIATION, GAINESVILLE BRANCH
NO. 179, INC.**



Principal Place of Business

**BRANCH NO. 179, INC.
2001 N.E. 15TH STREET
GAINESVILLE FL 32609**

Mailing Address

**BRANCH NO. 179, INC.
2001 N.E. 15TH STREET
GAINESVILLE FL 32609**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1721000

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MARSHALL, ROBERT P.
2001 N.E. 15TH STREET
GAINESVILLE FL 32609**

Name

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

City

FL

Zip Code

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

**FILE NOW: FEE IS \$61.25
Due By May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME **D BEMBRY, RAYMOND D**
STREET ADDRESS **PO BOX 34 N/A**
CITY-ST-ZIP **ALACHUA FL 32694**

TITLE ☐ Delete
NAME **D WILLIAMS, HENRY A**
STREET ADDRESS **PO BOX 152 N/A**
CITY-ST-ZIP **HAMPTON FL 32044**

TITLE ☐ Delete
NAME **STD MARSHALL, ROBERT P**
STREET ADDRESS **2001 N.E. 15TH STREET**
CITY-ST-ZIP **GAINESVILLE FL 32609**

TITLE ☐ Delete
NAME **PD DEVRIES, JAMES L**
STREET ADDRESS **1106 NW 43 AVE**
CITY-ST-ZIP **GAINESVILLE FL 32603**

TITLE ☐ Delete
NAME **VD RAY, CLYDE M JR**
STREET ADDRESS **4607 NW 32ND AVE**
CITY-ST-ZIP **GAINESVILLE FL 32605**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Change ☐ Addition
NAME **STD BEMBRY, RAYMOND D.**
STREET ADDRESS **P.O. Box 34 N/A**
CITY-ST-ZIP **ALACHUA, FL 32694**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME **PD MARSHALL, ROBERT P.**
STREET ADDRESS **2001 N.E. 15TH STREET**
CITY-ST-ZIP **GAINESVILLE, FL 32609**

TITLE ☒ Change ☐ Addition
NAME **D DEVRIES, JAMES L.**
STREET ADDRESS **1106 N.W. 43 AVE.**
CITY-ST-ZIP **GAINESVILLE, FL 32603**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: **ROBERT P. MARSHALL** *Robert P. Marshall* Jan. 19, 2006 352-372-6372