

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 22, 2007 08:00 AM
Secretary of State

DOCUMENT # 733271

1. Entity Name

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



Principal Place of Business

Mailing Address

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

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



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1721000

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E037 (10/06)

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, 2007

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	STD	<input type="checkbox"/> Delete
NAME	BEMBRY, RAYMOND D	
STREET ADDRESS	PO BOX 34 N/A	
CITY-STATE-ZIP	ALACHUA FL 32694	
TITLE	D	<input type="checkbox"/> Delete
NAME	WILLIAMS, HENRY A	
STREET ADDRESS	PO BOX 152 N/A	
CITY-STATE-ZIP	HAMPTON FL 32044	
TITLE	PD	<input type="checkbox"/> Delete
NAME	MARSHALL, ROBERT P	
STREET ADDRESS	2001 N.E. 15TH STREET	
CITY-STATE-ZIP	GAINESVILLE FL 32609	
TITLE	D3	<input type="checkbox"/> Delete
NAME	DEVRIES, JAMES L	
STREET ADDRESS	1106 NW 43 AVE	
CITY-STATE-ZIP	GAINESVILLE FL 32603	
TITLE	VD	<input type="checkbox"/> Delete
NAME	RAY, CLYDE M JR	
STREET ADDRESS	4607 NW 32ND AVE	
CITY-STATE-ZIP	GAINESVILLE FL 32605	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

000000596432
01/23/07-80079-007 61.25

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 18, 2007 352-372-6372