2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 28, 2008 8:00 am
Secretary of State
01-28-2008 90043 035 ****61.25

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

1st MOORE CR2E037 (10/07)

2. Principal Place of Business - No P.O. Box #	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, 2008

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD BEMBRY, RAYMOND D PO BOX 34 N/A ALACHUA FL 32694	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BEMBRY, Raymond D. P.O. Box 34 N/A ALACHUA, FLA. 32694	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WILLIAMS, HENRY A PO BOX 152 N/A HAMPTON FL 32044	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD WILLIAMS, HENRY A. P.O. Box 152 N/A HAMPTON, FLA. 32044	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD MARSHALL, ROBERT P 2001 N.E. 15TH STREET GAINESVILLE FL 32609	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D3 DEVRIES, JAMES L 1106 NW 43 AVE GAINESVILLE FL 32603	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD RAY, CLYDE M JR 4607 NW 32ND AVE GAINESVILLE FL 32605	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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. 22, 2008 352-372-6372