2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2009
Secretary of State

DOCUMENT# 733271

Entity Name: FLEET RESERVE ASSOCIATION, GAINESVILLE BRANCH NO. 179, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 59-1721000 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: BEMMBRY, RAYMOND D
Address: P.O. BOX 34 N/A
City-St-Zip: ALACHUA, FL 32694

Title: STD ( ) Delete
Name: WILLIAMS, HENRY A
Address: PO BOX 152 N/A
City-St-Zip: HAMPTON, FL 32044

Title: PD ( ) Delete
Name: MARSHALL, ROBERT P,
Address: 2001 N.E. 15TH STREET
City-St-Zip: GAINESVILLE, FL 32609

Title: D3 ( ) Delete
Name: DEVRIES, JAMES L
Address: 1106 NW 43 AVE
City-St-Zip: GAINESVILLE, FL 32603

Title: VD ( ) Delete
Name: RAY, CLYDE M JR
Address: 4607 NW 32ND AVE
City-St-Zip: GAINESVILLE, FL 32605

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: STD (X) Change ( ) Addition
Name: WILLIAMS, HENRY A
Address: PO BOX 153 N/A
City-St-Zip: HAMPTON, FL 32044

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HENRY A. WILLIAMS SEC/ 02/14/2009

Electronic Signature of Signing Officer or Director — Date