2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2009
Secretary of State

DOCUMENT# 735955

Entity Name: BASS CAPITAL BRANCH 183 -- FLEET RESERVE ASSOCIATION, INC.

Current Principal Place of Business:

207 COMMONWEALTH AVE
INTERLACHEN, FL 32148 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 149
INTERLACHEN, FL 32148 US

New Mailing Address:

FEI Number: 59-2608091 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SHEEKS, HOWARD
516 CORDELL AVE
INTERLACHEN, FL 32148 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: P ( ) Delete
Name: ARTHUR, JAMES
Address: 305 WASHINGTON ST
City-St-Zip: INTERLACHEN, FL 32148 US

Title: D ( ) Delete
Name: GINTEC, LOIS
Address: 262 N CR 315
City-St-Zip: INTERLACHEN, FL 32148 US

Title: ST ( ) Delete
Name: TITUS, SHARON
Address: 111 PARSLEY LANE
City-St-Zip: HAWTHORNE, FL 32640

Title: D ( ) Delete
Name: MACMINN, JODI
Address: 111 PEEBLES RD
City-St-Zip: INTERLACHEN, FL 32148

Title: D ( ) Delete
Name: CASEY, CATHY
Address: POB 687
City-St-Zip: INTERLACHEN, FL 32148

Title: D ( ) Delete
Name: HARRACKS, GARY
Address: 325 INTERWACHEN BLVD
City-St-Zip: INTERLACHEN, FL 32148

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: CASEY CATHERINE SEC 04/21/2009

Electronic Signature of Signing Officer or Director — Date