

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morton
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 738460 (5)

1. Corporation Name

FLEET RESERVE HALL OF BREVARD COUNTY, INC.

Principal Place of Business

Mailing Address

22 LEGION LN
COCOA FL 32922
US

P. O. BOX 966
COCOA FL 32923-0966
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/25/1977

3a. Date of Last Report

02/08/1994

4. FEI Number

59-1749883

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☒

\$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TILLERY, CHARLES
1450 FIDDLER AVE.
MERRITT ISLAND FL 32952

81 Name

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

83

84 City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and the applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

PD

TILLERY, CHARLES
1450 FIDDLER AVE.
MERRITT ISLAND FL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

VD

BREGENZER, KARL
1630 YATES DRIVE
MERRITT ISLAND FL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

SD

GEBHART, SHERI
5800 N. BANANA RIVER BLVD., #216
CAPE CANAVERAL FL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TD

HEBERT, MANUAL SKIP
1635 YATES DRIVE
MERRITT ISLAND FL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information included on this annual report or supplemental annual 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 12 or Block 13. If changed, attach an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR



Port Washington, New York 11050

**No change
SIGNED IN ERROR**

4/6/95

(407) 452-3768