

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT



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

1996 4-12-96

B- 3557 C

DOCUMENT # **740129** (2)  
1. Corporation Name  
**116TH FIELD ARTILLERY VETERANS ASSOCIATION, INC.**



Principal Place of Business Mailing Address  
**1612 DUCHESS DR ORLANDO FL 32805 US**

3. Date Incorporated or Qualified **09/14/1977** 3a. Date of Last Report **06/05/1995**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number <b>59-2954002</b>		Applied For <input type="checkbox"/> Not Applicable	
21. Suite, Apt. #, etc.		26. Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
22. City & State		27. City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
23. Zip		28. Country		29. Zip		30. Country	
24. Zip		25. Country		29. Zip		30. Country	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>JONES, ELBERT E</b> <b>1612 DUCHESS DR</b> <b>ROOM 111</b> <b>ORLANDO FL 32805</b>				81. Name			
				82. Street Address (P.O. Box Number is Not Acceptable)			
				83. City			
				84. City <b>FL</b> 85. Zip Code			

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when resigning) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>P</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ALLEN, DAVID</b>	1.2 NAME	
STREET ADDRESS	<b>6115 1ST ST</b>	1.3 STREET ADDRESS	<b>2115 FIRST ST</b>
CITY-ST-ZIP	<b>LAND-O-LAKES FL</b>	1.4 CITY-ST-ZIP	<b>LAND O' LAKES 34639</b>
TITLE	<b>S</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JONES, ELBERT E</b>	2.2 NAME	
STREET ADDRESS	<b>1612 DUCHESS DR</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ORLANDO FL 32805</b>	2.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MEALOR, WALT</b>	3.2 NAME	
STREET ADDRESS	<b>2809 SITIOS</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TAMPA FL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>T</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TOMKO, JOSEPH D</b>	4.2 NAME	
STREET ADDRESS	<b>9510 HARNEY RD</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>THONOTOSASSA FL 33592</b>	4.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GONZALES, GUS</b>	5.2 NAME	
STREET ADDRESS	<b>3010 COLLINS ST</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TAMPA FL 33607</b>	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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 indicated 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, or on an attachment with an address.

SIGNATURE: *Elbert E. Jones* **ELBERT E. JONES** DATE: **MARCH 10, 1996** DAYTIME PHONE #: **(407) 849-0979**

CR2E037 (12/95)