
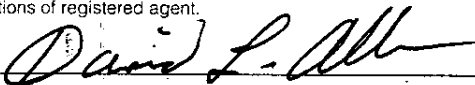
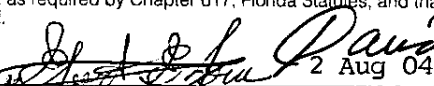


**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Aug 06, 2004 8:00 am**  
**Secretary of State**

08-06-2004 90005 008 \*\*\*\*61.25

DOCUMENT # 740129			
1. Entity Name 116TH FIELD ARTILLERY VETERANS ASSOCIATION, INC.			
Principal Place of Business 1612 DUCHESS DR ORLANDO FL 32805 US		Mailing Address 1612 DUCHESS DR ORLANDO FL 32805 US	
2. Principal Place of Business 21115 1st St.		3. Mailing Address 21115 1st St.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Land O Lakes, FL		City & State Land O Lakes, FL	
4. FEI Number 59-2954002		Applied For Not Applicable	
Zip 34638-4328	Country USA	Zip 34638-4328	Country USA
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
JONES, ELBERT E 1612 DUCHESS DR ORLANDO FL 32805		Name <u>David L. Allen</u> Street Address (P.O. Box Number is Not Acceptable) 21115 1st St. City Land O Lakes FL Zip Code 34638-4328	
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 		2 Aug 04	
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, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	P ALLEN, DAVID 21115 FIRST ST. LAND-O-LAKES FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ALLEN, DAVID L. 21115 1st St. Land O Lakes, FL 34638-4328 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S JONES, ELBERT E 1612 DUCHESS DR ORLANDO FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S REESE, RONALD 4251 Blackland Dr. Marietta, GA 30067-4705 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MEALOR, WALT 2809 SITIOS TAMPA FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MEALOR, WALTER S. 2809 W. Sitios St. Tampa, FL 33629-6137 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T TOMKO, JOSEPH D 9510 HARNEY RD THONOTOSASSA FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T TOMKO, JOSEPH D. 9510 Harney Rd. Thonotosassa, FL 33592-3671 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GONZALES, GUS 3010 COLLINS ST TAMPA FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LUPIEN, RONALD P. 12210 Christian Ct. Tampa, FL 33612-4164 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JETER, WILLIAM H. 5301 E. 98th Ave. Tampa, FL 33617-4027 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u>ELBERT E. JONES (S)</u>		DAVID L. ALLEN (P)  2 Aug 04	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		813 996-6423 407-849-0579 08-22-2004 Daytime Phone #	

24078693



MOORE CR2E037 (11/03)