


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 08:00 AM
Secretary of State

DOCUMENT # 740129	
1. Entity Name 116TH FIELD ARTILLERY VETERANS ASSOCIATION, INC.	

Principal Place of Business 21115 1ST ST. LAND O LAKES, FL 34638 US	Mailing Address 21115 1ST ST. LAND O LAKES, FL 34638 US
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04262005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2954002	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent ALLEN, DAVID L 21115 1ST ST. LAND O LAKES, FL 34638
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**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

000000344425
04/29/05-80136-002 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ALLEN, DAVID L 21115 1ST ST. LAND O LAKES, FL 34638
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S REESE, RONALD 4251 BLACKLAND DR. MARIETTA, GA 30067
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MEALOR, WALTER S 2809 W. SITIOS ST. TAMPA, FL 33629
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T TOMKO, JOSEPH D 9510 HARNEY RD THONOTOSASSA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LUPIEN, RONALD P 12210 CHRISTIAN CT. TAMPA, FL 33612
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JETER, WILLIAM H 5301 E. 98TH AVE. TAMPA, FL 33617

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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  **DAVID L. ALLEN**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-05 813-996-6423
Date Daytime Phone #