

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2003 8:00 am
Secretary of State

02-13-2003 90230 050 ****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**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip

4. FEI Number **59-2954002** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
**JONES, ELBERT E
1612 DUCHESS DR
ROOM 111
ORLANDO FL 32805**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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

FILE NOW: FEE IS \$61.25

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 Change Addition

| | | |
|----------------|------------------------|---------------------------------|
| TITLE | P | <input type="checkbox"/> Delete |
| NAME | ALLEN, DAVID | |
| STREET ADDRESS | 21115 FIRST ST. | |
| CITY-ST-ZIP | LAND-O-LAKES FL | |
| TITLE | S | <input type="checkbox"/> Delete |
| NAME | JONES, ELBERT E | |
| STREET ADDRESS | 1612 DUCHESS DR | |
| CITY-ST-ZIP | ORLANDO FL | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | MEALOR, WALT | |
| STREET ADDRESS | 2809 SITIOS | |
| CITY-ST-ZIP | TAMPA FL | |
| TITLE | T | <input type="checkbox"/> Delete |
| NAME | TOMKO, JOSEPH D | |
| STREET ADDRESS | 9510 HARNEY RD | |
| CITY-ST-ZIP | THONOTOSASSA FL | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | GONZALES, GUS | |
| STREET ADDRESS | 3010 COLLINS ST | |
| CITY-ST-ZIP | TAMPA FL | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|--|---|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| STREET ADDRESS | | |
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| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

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: **SIGNATURE REQUIRED** *Elbert E Jones* 2-5-03 7401294002
Date: _____ Daytime Phone: _____

CR2F037 (10/02)