

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90172 031 ****61.25

DOCUMENT # F96000003405

1. Corporation Name

THE ARMY DISTAFF FOUNDATION, INC.

Principal Place of Business
6200 OREGON AVENUE, N.W.
WASHINGTON DC 20015-1543

Mailing Address
6200 OREGON AVENUE, N.W.
WASHINGTON DC 20015-1543



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

07/03/1996

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number
53-0246852

Applied For
Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

23 Zip Country

28 Zip Country

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

VREDENBURGH, THOMAS W
3256 TWIN PONDS ROAD
MARIANNA FL 32448

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 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

1.1 TITLE ☐ Change ☐ Addition

NAME
HILMES, JEROME B
STREET ADDRESS
6106 WOODLAND STREAM DR
CITY-ST-ZIP
ALEXANDRIA VA

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE ☐ DELETE

2.1 TITLE ☐ Change ☐ Addition

NAME
WISHART, LEONARD P
STREET ADDRESS
10602 DONOVAN'S HILL DRIVE
CITY-ST-ZIP
FAIRFAX STATION VA

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☐ DELETE

3.1 TITLE ☐ Change ☐ Addition

NAME
CIANCIOLO, SHEILA MRS
STREET ADDRESS
1802 MASON HILL DRIVE
CITY-ST-ZIP
ALEXANDRIA VA 22307

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE

4.1 TITLE ☐ Change ☐ Addition

NAME
BENEDICT, CALVERT P MG
STREET ADDRESS
6200 OREGON AVENUE NW
CITY-ST-ZIP
WASHINGTON DC 20015

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition

NAME
TALLEY, VIRGINIA MRS
STREET ADDRESS
HC 67, BOX 600
CITY-ST-ZIP
ANCHOR POINT AK 99556-9702

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE

6.1 TITLE ☐ Change ☐ Addition

NAME
ANTILLA, BETTY J COL,RET
STREET ADDRESS
9 LAZY HOLLOW WAY
CITY-ST-ZIP
GAITHERSBURG MD 20878

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 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 in changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)