


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 14, 2004 8:00 am
Secretary of State

07-14-2004 90001 011 ****66.25

DOCUMENT # N07361 1. Entity Name FLEET RESERVE ASSOCIATION BRANCH #346, INC.					
Principal Place of Business 2117 WILKINSON AVENUE PANAMA CITY, FL 32408			Mailing Address 2117 WILKINSON AVENUE PANAMA CITY, FL 32408		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent OTTS, JAMES L 2603 BEECH ST PANAMA CITY, FL 32408				7. Name and Address of New Registered Agent Name GODBOLD, Eric T Street Address (P.O. Box Number is Not Acceptable) 2117 Wilkinson Avenue City Panama City FL Zip Code 32408	
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 ERIC T. GODBOLD <i>Eric T Godbold</i> 7-17-04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input checked="" 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	PD DEWAR, RICHARD J 6010 SUNSET AVE PANAMA CITY, FL 32408	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GODBOLD, ERIC T 2117 Wilkinson Ave Panama City, FL 32408	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DRISCOLL, ROBERT 9805 CLARENES ST PANAMA CITY, FL 32402	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LLOYD, Donald C. 162 Hombre Circle Panama City, FL 32407	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD OTTS, JAMES L 2603 BEECH ST PANAMA CITY, FL 32408	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SNELL, Billy B. 2220 Dorothy Ave Panama City, FL 32408	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD OTTS, JAMES L 2603 BEECH ST PANAMA CITY, FL 32408	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SNELL, Billy B. 2220 Dorothy Ave Panama City, FL 32408	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input 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: ERIC T GODBOLD <i>Eric T Godbold</i> 7-11-04 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					