

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N08462 (6)

1. Corporation Name

FLORIDA AIR NATIONAL GUARD NONCOMMISSIONED OFFICERS CLUB, INC.



Principal Place of Business

Mailing Address

14300 FANG DRIVE
JACKSONVILLE FL 32218
US

14300 FANG DRIVE
JACKSONVILLE FL 32218
US

3. Date Incorporated or Qualified
04/01/1985

3a. Date of Last Report
10/11/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number
59-1100221

Applied For
Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

EVANS, SHERRY
1136 NEW BERLIN RD
JACKSONVILLE FL 32218

81 Name

COCHRAN, DANIEL J

82 Street Address (P.O. Box Number is Not Acceptable)

5722 DAVON ST

83

84 City

JACKSONVILLE

FL

85

Zip Code
32244

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 officer 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

Daniel J. Cochran

Daniel J. Cochran

22 Feb 96

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	D	<input checked="" type="checkbox"/> DELETE
NAME	JOMLINSON, JOE	
STREET ADDRESS	11064 KEY HAVEN BLVD.	
CITY-ST-ZIP	JACKSONVILLE FL 32218	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	COHEE, JOHN	
STREET ADDRESS	RT 4 BOX 63	
CITY-ST-ZIP	CALLAHAN FL 32011	
TITLE	ST	<input checked="" type="checkbox"/> DELETE
NAME	EVANS, SHERRY M	
STREET ADDRESS	1136 NEW BERLIN RD.	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	NIXSON, KEVIN	
STREET ADDRESS	6710 COLLINS RD	
CITY-ST-ZIP	JACKSONVILLE FL 32244	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	OWENS, ROBERT	
STREET ADDRESS	4615 COLONIAL AVE	
CITY-ST-ZIP	JACKSONVILLE FL 32210	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	KARST, THEODORE	
STREET ADDRESS	64 JOHNSON LANE	
CITY-ST-ZIP	YULEE FL 32097	

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	TEASTER MARTIN	
1.3 STREET ADDRESS	3076 COBBLEWOOD LN W	
1.4 CITY-ST-ZIP	JACKSONVILLE FL 32225	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	NAYDECK PAUL	
2.3 STREET ADDRESS	6710 COLLINS RD. APT. 2110	
2.4 CITY-ST-ZIP	JACKSONVILLE FL 32244	
3.1 TITLE	ST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Cochran Daniel	
3.3 STREET ADDRESS	5722 Davon St	
3.4 CITY-ST-ZIP	Jax FL 32244	
4.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Beaumont Ray	
4.3 STREET ADDRESS	Rt. 4 Box 863	
4.4 CITY-ST-ZIP	Callahan FL 32011	
5.1 TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Politis Joe	
5.3 STREET ADDRESS	516 Fifteenth St	
5.4 CITY-ST-ZIP	St. Augustine FL 32095	
6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Stewart Johnny	
6.3 STREET ADDRESS	6426 Manhattan Dr	
6.4 CITY-ST-ZIP	Jax FL 32208	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 if changed, or on an attachment with an address.

SIGNATURE:

Daniel J. Cochran *Daniel J. Cochran* *22 Feb 96* *(904) 741-7356*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)