

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



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

**FILED**  
**Aug 17, 1999 8:00 am**  
**Secretary of State**

08-17-1999 90009 020 \*\*\*\*61.25

**DOCUMENT # N08462**

1. Corporation Name

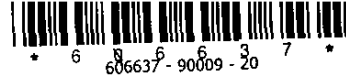
**FLORIDA AIR NATIONAL GUARD NONCOMMISSIONED OFFICERS CLUB, INC.**

Principal Place of Business

14300 FANG DRIVE  
JACKSONVILLE FL 32218  
US

Mailing Address

14300 FANG DRIVE  
JACKSONVILLE FL 32218  
US



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

04/01/1985

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

9. Name and Address of Current Registered Agent

COCHRAN, DANIEL J  
6818 LONDON BRIDGE LANE  
JACKSONVILLE FL 32210

10. Name and Address of New Registered Agent

81 Name

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

8770 FALCON TRACE DR N

83

84 City

JACKSONVILLE

FL

85 Zip Code

32222

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

☒ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

P  
TENLY DALE  
RT 1 BOX 985  
STARKE FL

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

VP  
HAMPTON HEATHER  
27 HELEN ST.  
ST. AUGUSTINE FL

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

ST  
COCHRAN, DANIEL  
6818 LONDON BRIDGE LANE  
JACKSONVILLE FL

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

D  
COOPER TERRY  
27 HELEN ST.  
ST. AUGUSTINE FL

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

D  
HARTFELDER, RON  
11303 PRINCESSA LANE  
JACKSONVILLE FL

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

D  
TOMLINSON, JOSEPH  
11846 LEAFDALE CIR. EAST  
JACKSONVILLE FL

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

☐ Change ☒ Addition

P  
GARY R LEE

1145 Victory Lane

Callahan FLA 32011

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☒ Change ☐ Addition

ST  
COCHRAN, DANIEL

8770 FALCON TRACE DR N

JACKSONVILLE FL 32222

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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

SIGNATURE:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4 AUG 99

Date

(904) 741-7313

Daytime Phone #

CR2E037 (5/99)