

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 26, 2005 8:00 am**  
**Secretary of State**

01-26-2005 90029 014 \*\*\*\*70.00

**DOCUMENT # N08462**

1. Entity Name  
**FLORIDA AIR NATIONAL GUARD NONCOMMISSIONED  
OFFICERS CLUB, INC.**



Principal Place of Business  
**14300 FANG DRIVE  
JACKSONVILLE, FL 32218 US**

Mailing Address  
**1746 MORNINGSIDE DR  
MIDDLEBERG, FL 32068**

**50007037**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01172005

Chg-NP

CR2E037 (10/03)

City & State

City & State

4. FEI Number  
**59-1100221**

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☒ **\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HARRIS, RONALD D  
1746 MORNINGSIDE DR  
MIDDLEBURG, FL 32068**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2005**

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

TITLE **D** ☒ Delete  
NAME **LEE, GARY R**  
STREET ADDRESS **1145 VICTORY LANE**  
CITY-ST-ZIP **CALLAHAN, FL 32011**

TITLE **VP** ☒ Delete  
NAME **STEWART, JOHNNIE**  
STREET ADDRESS **6426 MANHATTAN DR**  
CITY-ST-ZIP **JACKSONVILLE, FL 32219**

TITLE **ST** ☐ Delete  
NAME **HARRIS, RONALD D**  
STREET ADDRESS **1746 MORNINGSIDE DR**  
CITY-ST-ZIP **MIDDLEBURG, FL 32068**

TITLE **D** ☒ Delete  
NAME **WILSON, MICHAEL**  
STREET ADDRESS **451 MONUMENT ROAD**  
CITY-ST-ZIP **JACKSONVILLE, FL 32225**

TITLE **D** ☒ Delete  
NAME **HARTFELDER, RON**  
STREET ADDRESS **11303 PRINCESSA LANE**  
CITY-ST-ZIP **JACKSONVILLE, FL**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☒ Change ☒ Addition  
NAME **John H. Mixson**  
STREET ADDRESS **3394 Shenandoah Dr. E.**  
CITY-ST-ZIP **Orange Park, FL 32065**

TITLE **D** ☒ Change ☒ Addition  
NAME **Allen D. Tenly**  
STREET ADDRESS **1927 SE 148 St.**  
CITY-ST-ZIP **Stark, FL 32091**

TITLE **D** ☒ Change ☒ Addition  
NAME **Dawn A Batten**  
STREET ADDRESS **1219 Carter Rd**  
CITY-ST-ZIP **Lawtey, FL 32058**

TITLE **D** ☒ Change ☒ Addition  
NAME **Michelle C. Williams**  
STREET ADDRESS **54080 Jamie Drive**  
CITY-ST-ZIP **Callahan, FL 32011**

TITLE ☐ Change ☒ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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: **Ronald D. Harris** **Ronald D. Harris**

**19 Jan 05 (904) 741-7270**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #