



# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 17, 2006 8:00 am**  
**Secretary of State**

07-17-2006 90145 002 \*\*\*\*70.00

<b>DOCUMENT # N08462</b> 1. Entity Name <b>FLORIDA AIR NATIONAL GUARD NONCOMMISSIONED OFFICERS CLUB, INC.</b>					
Principal Place of Business <b>14300 FANG DRIVE JACKSONVILLE, FL 32218 US</b>			Mailing Address <b>1746 MORNINGSIDE DR MIDDLEBERG, FL 32068</b>		
2. Principal Place of Business		3. Mailing Address <b>1927 S.E. 148th St</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State <b>Starke, FL</b>			
Zip	Country	Zip <b>32091</b>	Country <b>U.S.</b>	4. FEI Number <b>59-1100221</b>	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent  <b>HARRIS, RONALD D 1746 MORNINGSIDE DR MIDDLEBURG, FL 32068</b>				7. Name and Address of New Registered Agent Name <b>Allan D. Tenly</b> Street Address (P.O. Box Number is Not Acceptable) <b>1927 S.E. 148th St</b> City <b>Starke</b> <b>FL</b> Zip Code <b>32091</b>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by September 6, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <b>MIXSON, JOHN H 3394 SHENANDOAH DRIVE EAST ORANGE PARK, FL 32065</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>TENLY, ALLEN D 1927 SE 148 STREET STARKE, FL 32091</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST <b>HARRIS, RONALD D 1746 MORNINGSIDE DR MIDDLEBURG, FL 32068</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>BATTEN, DAWN A 1219 CARTER ROAD LAWTEY, FL 32058</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>WILLIAMS, MICHELLE C 54080 JAMIE DRIVE CALLAHAN, FL 32011</b>	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>HARRIS, RONALD D 1746 MORNINGSIDE DR MIDDLEBURG, FL 32068</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>TENLY, ALLEN D 1927 S.E. 148th St Starke, FL 32091</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>HARRIS, RONALD D 1746 Morningside Dr. Middleburg, FL 32068</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>HARRIS, RONALD D 1746 Morningside Dr. Middleburg, FL 32068</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.					
<b>SIGNATURE:</b> <u></u> <b>2006 07 11</b> <b>904-741-7276</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					