

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # N12887 (8)  
1. Corporation Name

UNION ARMY DISTRICT OF FLORIDA, INC.



Principal Place of Business

7214 LAUREL HILL ROAD  
ORLANDO FL 32818-5233

Mailing Address

7214 LAUREL HILL ROAD  
ORLANDO FL 32818-5233

3. Date Incorporated or Qualified  
01/07/1986

3a. Date of Last Report  
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

4. FEI Number  
59-2622256

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

GRZELAK, JEFFERY H.  
7214 LAUREL HILL ROAD  
ORLANDO FL 32818-5233

81 Name

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

83

84 City

FL

85 Zip Code

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

Jeff H Grzelak

(NOTE: Registered agent signature required when re-registering)

6/26/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P  
NAME WEINZEN, TIM  
STREET ADDRESS 20017 WIYGUL ROAD  
CITY-ST-ZIP UMATILLA FL ☒ DELETE

1.1 TITLE P  
1.2 NAME LUIS EVANS  
1.3 STREET ADDRESS 285 WEST MASHTA DRIVE  
1.4 CITY-ST-ZIP KEY BISCAYNE FL 33149 ☒ Change ☐ Addition

TITLE VTS  
NAME GRZELAK, JEFF H  
STREET ADDRESS 7214 LAUREL HILL RD  
CITY-ST-ZIP ORLANDO FL ☐ DELETE

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D  
NAME FULLER, JOSEPH  
STREET ADDRESS 827 MARLOWE AVE  
CITY-ST-ZIP ORLANDO FL ☐ DELETE

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D  
NAME TREMBLEY, RICK  
STREET ADDRESS 6513 SUGAR BUSH DR  
CITY-ST-ZIP ORLANDO FL ☒ DELETE

4.1 TITLE P  
4.2 NAME GUSS, JOHN  
4.3 STREET ADDRESS 519 PARK LAKE ROAD  
4.4 CITY-ST-ZIP ROSSVILLE GA 30741 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

5.1 TITLE P  
5.2 NAME NEIL, ROGER  
5.3 STREET ADDRESS 5504 BLUEJACK OAK CIRCLE  
5.4 CITY-ST-ZIP TAMARAC, FL 33319 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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:

Jeff H Grzelak

Date

6/26/96 401295 7510

Daytime Phone #

0004514

CR2E037 (3/96)