FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **N15930** **(3)**

1. Corporation Name

THE NATIONAL GUARD OFFICERS ASSOCIATION OF FLORIDA, INC.

Principal Place of Business	Mailing Address
82 MARINE STREET P.O. BOX 3446 ST. AUGUSTINE FL 32085-0446	82 MARINE STREET P.O. BOX 3446 ST. AUGUSTINE FL 32085-0446

3. Date Incorporated or Qualified: **07/17/1986**
3a. Date of Last Report: **02/01/1995**

2. Principal Place of Business — 21:
Suite, Apt. #, etc. — 22:
City & State — 23:
Zip — 24: Country — 25:

2a. Mailing Address — 26:
Suite, Apt. #, etc. — 27:
City & State — 28:
Zip — 29: Country — 30:

4. FEI Number: **59-2628455** ☐ 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

APPLEBY, CHARLES C.
4655 SALISBURY ROAD
SUITE #300
CLEARWATER FL 32216

10. Name and Address of New Registered Agent

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 _____ DATE _____
Signature, Typed or Printed Name of Registered Agent and Title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	S	☐ DELETE	11 TITLE		☐ Change ☐ Addition
NAME	FIELDS, FRANKLIN D.		12 NAME		
STREET ADDRESS	8290 MELROSE ROAD		13 STREET ADDRESS		
CITY-ST-ZIP	MELROSE FL		14 CITY-ST-ZIP		
TITLE	V	☐ DELETE	21 TITLE		☐ Change ☐ Addition
NAME	SNYDER, MICHAEL B.		22 NAME		
STREET ADDRESS	4564 ORTEGA BLVD		23 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		24 CITY-ST-ZIP		
TITLE	T	☒ DELETE	31 TITLE	T	☐ Change ☐ Addition
NAME	YOUNG, WILLIAM F		32 NAME	Titshaw, Emmett	
STREET ADDRESS	P. O. BOX 743		33 STREET ADDRESS	2627 Sigma Court	
CITY-ST-ZIP	ST. AUGUSTINE FL		34 CITY-ST-ZIP	Orange, Park, FL 32073	
TITLE	PED	☐ DELETE	41 TITLE	P	☒ Change ☐ Addition
NAME	FRASER, ERNEST C.		42 NAME		
STREET ADDRESS	1504 BLACKEYED SUSAN LANE		43 STREET ADDRESS		
CITY-ST-ZIP	VIENNA VI		44 CITY-ST-ZIP		
TITLE	P	☒ DELETE	51 TITLE	PED	☐ Change ☐ Addition
NAME	SOLOMON, STEVEN P		52 NAME	Capps, Richard G	
STREET ADDRESS	7916 OAK GROVE CIRCLE		53 STREET ADDRESS	88 Marine Street	
CITY-ST-ZIP	SARASOTA FL		54 CITY-ST-ZIP	St. Augustine, FL 32084	
TITLE	D	☒ DELETE	61 TITLE	D	☐ Change ☐ Addition
NAME	PERSONS, FRANKLIN M.		62 NAME	Paul, Mary E.	
STREET ADDRESS	24 SOLANO AVE.		63 STREET ADDRESS	P.O. 1716	
CITY-ST-ZIP	ST. AUGUSTINE FL		64 CITY-ST-ZIP	St. Augustine, FL 32085	

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: Mary E. Paul — 2-16-96 — 904-823-0628
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (12/95)