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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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 32085-3446

3. Date Incorporated or Qualified: 07/17/1986
3a. Date of Last Report: 02/07/1996

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	1.1 TITLE	S	☒ Change ☒ Addition
NAME	FIELDS, FRANKLIN D.		1.2 NAME	ADAMS, BEN W, JR.	
STREET ADDRESS	8290 MELROSE ROAD		1.3 STREET ADDRESS	P.O. Box 3446	N/A
CITY-ST-ZIP	MELROSE FL		1.4 CITY-ST-ZIP	ST. Aug, FL 32085	
TITLE	V	☒ DELETE	2.1 TITLE	V	☐ Change ☒ Addition
NAME	SNYDER, MICHAEL B.		2.2 NAME	SEAMANN, LAWERANCE	
STREET ADDRESS	4564 ORTEGA BLVD		2.3 STREET ADDRESS	P.O. Box 3446	N/A
CITY-ST-ZIP	JACKSONVILLE FL		2.4 CITY-ST-ZIP	ST. Aug, FL 32085	
TITLE	T	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	TITSHAW, EMMETT		3.2 NAME		
STREET ADDRESS	2627 SIGMA COURT		3.3 STREET ADDRESS		
CITY-ST-ZIP	ORANGE PARK FL		3.4 CITY-ST-ZIP		
TITLE	P	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	FRASER, ERNEST C.		4.2 NAME		
STREET ADDRESS	1504 BLACKEYED SUSAN LANE		4.3 STREET ADDRESS		
CITY-ST-ZIP	VIENNA VI		4.4 CITY-ST-ZIP		
TITLE	PED	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	CAPPS, RICHARD G.		5.2 NAME		
STREET ADDRESS	88 MARINE STREET		5.3 STREET ADDRESS		
CITY-ST-ZIP	ST. AUGUSTINE FL		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	PAUL, MARY E.		6.2 NAME		
STREET ADDRESS	POST OFFICE BOX 1716	N/A	6.3 STREET ADDRESS		
CITY-ST-ZIP	ST. AUGUSTINE FL		6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do 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.

SIGNATURE: Mary E. Paul MARY E. PAUL 7FEB97 Date 904-823-0628 Daytime Phone # 0001428
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR