

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 # N16721 (5)

1. Corporation Name

JOHNSON CONTROLS ~~WORLD SERVICES~~ EMPLOYEES' RECREATION ASSOCIATION, INC.



Principal Place of Business

Mailing Address

ROOM N-310 BLVD 423-LBS MU 5320  
P.O. BOX 4608  
PATRICK AIR FORCE BASE 32925-0608

BETSY FRENCH  
LBS7040, PO BOX 4608  
PATRICK AFB FL 32925  
US

3. Date Incorporated or Qualified  
09/10/1986

3a. Date of Last Report  
02/22/1995

2. Principal Place of Business

2a. Mailing Address

21 G.M. OFFICE, HANGAR I ANNEX  
Suite, Apt. #, etc.

26 BETSY B. FRENCH  
Suite, Apt. #, etc.

22 P.O. Box 1288, MU LBS 5010  
City & State

27 P.O. Box 1288, LBS 5050  
City & State

23 CAPE CANAVERAL FL  
Zip Country

28 CAPE CANAVERAL FL  
Zip Country

24 32930 25 USA

29 32920 30 USA

4. FEI Number  
59-2796644

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

FRENCH, BETSY  
170 SE 1ST STREET  
SATELLITE BEACH FL 32937

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME CURTIS, JUANITA  
STREET ADDRESS 205 S. COURTNEY PKWAY #206  
CITY-ST-ZIP MERRITT ISLAND FL ☒ DELETE

TITLE VPD  
NAME WRIGHT, LINDA P  
STREET ADDRESS 250 ASTRONAUT LANE  
CITY-ST-ZIP TITUSVILLE FL ☐ DELETE

TITLE TD  
NAME FRENCH, BETSY B  
STREET ADDRESS 170 SE 1ST STREET  
CITY-ST-ZIP SATELLITE BEACH FL ☐ DELETE

TITLE SD  
NAME LUNA, SANDRA N  
STREET ADDRESS 2604 DEMARET DRIVE  
CITY-ST-ZIP TITUSVILLE FL ☒ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD  
1.2 NAME DAN PIAZZA ☐ Change ☒ Addition  
1.3 STREET ADDRESS 2647 HEREFORD ROAD  
1.4 CITY-ST-ZIP MELBOURNE, FL 32935 ☐ Change ☒ Addition

2.1 TITLE VPD  
2.2 NAME GARY L. JOHNSON  
2.3 STREET ADDRESS 1201 MYRTLE LANE  
2.4 CITY-ST-ZIP COCOA FL 32922 ☐ Change ☒ Addition

3.1 TITLE TD  
3.2 NAME LINDA P WRIGHT  
3.3 STREET ADDRESS 250 ASTRONAUT LANE  
3.4 CITY-ST-ZIP TITUSVILLE FL 32780 ☒ Change ☐ Addition

4.1 TITLE SD  
4.2 NAME BETSY B. FRENCH  
4.3 STREET ADDRESS 170 S.E. 1ST STREET  
4.4 CITY-ST-ZIP SATELLITE BEACH FL 32937 ☒ Change ☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS \$70 113196  
6.4 CITY-ST-ZIP \$ dep. by bank ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-23-96

407-853-3251

AS 4/21/96

CR2E037 (12/95)