SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 8, 1995.
AMOUNT DUE ON OR BEFORE 8/8/95: $155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $305)

NONPROFIT CORPORATION ANNUAL REPORT

1995

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

FILED
95 JUL -7 AM 8:42
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **N23769** **(5)**

1. Corporation Name

SOUTH BREVARD BRANCH 366, FLEET RESERVE ASSOCIAT ION, INCORPORATED

Principal Place of Business	Mailing Address
7400 US HWY #1. LOT 2 MICCO FL 32976	203 SAND PINE RD. INDIALANTIC FL 32903 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/08/1987
3a. Date of Last Report: 04/26/1994
4. FEI Number: 59-1834221 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **FILING FEE IS $61.25**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 203 Sand Pine Road	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: Indialantic, FL 32903	28 City & State
24 Zip: 32903 25 Country: USA	29 Zip 30 Country

9. Name and Address of Current Registered Agent

COLLIE, VAN B.
203 SAND PINE RD.
INDIALANTIC FL 32903

10. Name and Address of New Registered Agent

61 Name
62 Street Address (P.O. Box Number is Not Acceptable)
63
64 City **FL** 65 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	D	1.1 TITLE	☐ Change ☐ Addition
NAME	ANGDAHL, DALE E.	1.2 NAME	
STREET ADDRESS	7400 US HWY #1, LOT 2	1.3 STREET ADDRESS	
CITY-ST-ZIP	SEBASTIAN FL	1.4 CITY-ST-ZIP	
TITLE	V	2.1 TITLE	V ☒ Change ☐ Addition
NAME	HARTRUP, HAROLD W.	2.2 NAME	BLACKFORD, GARLAND H.
STREET ADDRESS	448 WINCHESTER RD.	2.3 STREET ADDRESS	1931 ALMA DR
CITY-ST-ZIP	SATELLITE BCH FL	2.4 CITY-ST-ZIP	MELBOURNE, FL 32904-6201
TITLE	T	3.1 TITLE	☐ Change ☐ Addition
NAME	MEISER, ELMER C. SR.	3.2 NAME	
STREET ADDRESS	733 ROSE AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	SEBASTIAN FL	3.4 CITY-ST-ZIP	
TITLE	P	4.1 TITLE	P ☒ Change ☐ Addition
NAME	KULICK, AUGUST L	4.2 NAME	DUSTERHOFT, DENNIS A.
STREET ADDRESS	2147 CIRCLEWOOD DR	4.3 STREET ADDRESS	1560 SUTSCHEK ST NE
CITY-ST-ZIP	MELBOURNE FL	4.4 CITY-ST-ZIP	MELBOURNE, FL 32907-2489
TITLE	D	5.1 TITLE	D ☐ Change ☒ Addition
NAME	HARTRUP, ANNA E.	5.2 NAME	KULICK, AUGUST L.
STREET ADDRESS	448 WINCHESTER ROAD	5.3 STREET ADDRESS	2147 CIRCLEWOOD DR
CITY-ST-ZIP	SATELLITE BEACH FL	5.4 CITY-ST-ZIP	MELBOURNE, FL 32935
TITLE	S	6.1 TITLE	☐ Change ☐ Addition
NAME	COLLIE, VAN B.	6.2 NAME	
STREET ADDRESS	203 SAND PINE RD.	6.3 STREET ADDRESS	
CITY-ST-ZIP	INDIALANTIC FL	6.4 CITY-ST-ZIP	

CR2E037 (3/95)

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)(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: VAN B. COLLIE, JR Van B. Collie, Jr 6-29-95 (407) 777-3366
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

000184