


FILE NOW: FILING FEE IS \$61.25

FILED
Jul 15 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N23769** (5)

1. Corporation Name

SOUTH BREVARD BRANCH 366, FLEET RESERVE ASSOCIATION, INCORPORATED

Principal Place of Business

Mailing Address

**403 HWY. A1A
THE HORIZON UNIT #403
SATELLITE BCH. FL 32937**

**403 HWY. A1A
THE HORIZON UNIT #403
SATELLITE BCH. FL 32937-2312**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/08/1987		3a. Date of Last Report 08/07/1996	
21 BRANCH 366, INC.		26 BRANCH 366, INC.		4. FEI Number 59-1834221		Applied For <input type="checkbox"/> Not Applicable	
22 206 SAND DOLLAR RD		27 206 SAND DOLLAR RD.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 INDIALANTIC FL.		28 INDIALANTIC FL.		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 32903		25 USA.		29 32903		30 USA.	
24 32903		25 USA.		29 32903		30 USA.	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**RAINEY, VIRGIL
403 HWY. A1A
THE HORIZON UNIT #403
SATELLITE BCH. FL 32937**

**GERALD W. BELL
570 LONDON DERRY CIR SE
PALM BAY FL. 32909**

85 Zip Code
32909

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 **GERALD W. BELL**

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

Gerald W. Bell

(NOTE: Registered Agent signature required when reinstating)

5-14-97

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D	1.2 NAME	
STREET ADDRESS	ANGDAHL, DALE E.	1.3 STREET ADDRESS	
CITY-ST-ZIP	7400 US HWY #1, LOT 2 SEBASTIAN FL 32937	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	V	2.2 NAME	
STREET ADDRESS	BLACKFORD, GARLAND H	2.3 STREET ADDRESS	
CITY-ST-ZIP	1931 ALMA DR MELBOURNE FL 32937	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	T	3.2 NAME	
STREET ADDRESS	MEISER, ELMER C. SR.	3.3 STREET ADDRESS	
CITY-ST-ZIP	733 ROSE AVE SEBASTIAN FL 32937	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	P	4.2 NAME	
STREET ADDRESS	BELL, GERALD W	4.3 STREET ADDRESS	
CITY-ST-ZIP	PO BOX 500129 NA MALABAR FL 32950-0129	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D	5.2 NAME	
STREET ADDRESS	HARTRUP, ANNA E.	5.3 STREET ADDRESS	
CITY-ST-ZIP	448 WINCHESTER ROAD SATELLITE BEACH FL 32937	5.4 CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	S	6.2 NAME	
STREET ADDRESS	RAINEY, VIRGIL	6.3 STREET ADDRESS	
CITY-ST-ZIP	403 HWY. A1A #242 SATELLITE BCH. FL 32937	6.4 CITY-ST-ZIP	

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.

CR2ED037 (9/96)