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Jun 25 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N23769** (5)

1. Corporation Name

**SOUTH BREVARD BRANCH 366, FLEET RESERVE ASSOCIAT  
ION, INCORPORATED**

Principal Place of Business

Mailing Address

BRANCH 366, INC  
206 SAND DOLLAR RD  
INDIALANTIC FL 32903  
US

BRANCH 366, INC  
206 SAND DOLLAR RD  
INDIALANTIC FL 32903  
US



3. Date Incorporated or Qualified

**12/08/1987**

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. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

**21 BRANCH 366, INC.**

Suite, Apt. #, etc.

**22 203 SAND PINE RD.**

City & State

**23 INDIALANTIC, FL.**

Zip

**24 32903**

Country

**25 US**

2a. Mailing Address

**26 BRANCH 366, INC.**

Suite, Apt. #, etc.

**27 203 SAND PINE RD.**

City & State

**28 INDIALANTIC FL.**

Zip

**29 32903**

Country

**30 US**

9. Name and Address of Current Registered Agent

**BELL, GERALD W  
570 LONDONDERRY CIR SE  
~~THE HORNBECK CENTER #403~~  
PALM BAY FL 32909-6601**

10. Name and Address of New Registered Agent

81 Name

**N/A**

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 **D** ☐ DELETE

NAME **ANGDAHL, DALE E.**  
STREET ADDRESS **7400 US HWY #1, LOT 2**  
CITY-ST-ZIP **SEBASTIAN FL 32937**

TITLE **V** ☐ DELETE

NAME **BLACKFORD, GARLAND H**  
STREET ADDRESS **1931 ALMA DR**  
CITY-ST-ZIP **MELBOURNE FL 32937**

TITLE **T** ☒ DELETE

NAME **MEISER, ELMER C. SR.**  
STREET ADDRESS **733 ROSE AVE**  
CITY-ST-ZIP **SEBASTIAN FL 32937**

TITLE **P** ☐ DELETE

NAME **BELL, GERALD W**  
STREET ADDRESS **PO BOX 500129 NA**  
CITY-ST-ZIP **MALABAR FL 32950-0129**

TITLE **D** ☒ DELETE

NAME **HARTRUP, ANNA E.**  
STREET ADDRESS **448 WINCHESTER ROAD**  
CITY-ST-ZIP **SATELLITE BEACH FL 32937**

TITLE **S** ☒ DELETE

NAME **JONES, ROBERT B**  
STREET ADDRESS **206 SAND DOLLAR RD**  
CITY-ST-ZIP **INDIALANTIC FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE **D** ☒ Change ☐ Addition

3.2 NAME **MEISER, ELMER C. SR.**

3.3 STREET ADDRESS **733 ROSE AVE.**

3.4 CITY-ST-ZIP **SEBASTIAN, FL, 32937**

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

**P.O. BOX 500129 NA**  
**9**

5.1 TITLE **D** ☒ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

**HARTRUP, HAROLD**  
**448 WINCHESTER ROAD**  
**SATELLITE BEACH FL 32937**

6.1 TITLE **S** ☒ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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

14. I 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:

*Gerald W Bell*

6-15-98

728-5545

CR2E037 (10/97)