

FILE NOW: FILING FEE IS \$61.25

FILED
Jul 06, 1999 8:00 am
Secretary of State

07-06-1999 90010 021 ****61.25

0019087

NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N23769

1. Corporation Name

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

Principal Place of Business

BRANCH 366, INC
 203 SAND PINE RD
 INDIALANTIC FL 32903
 US

Mailing Address

BRANCH 366, INC
 203 SAND PINE RD
 INDIALANTIC FL 32903
 US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

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**

9. Name and Address of Current Registered Agent

**BELL, GERALD W
 570 LONDONDERRY CIR SE
 PALM BAY FL 32909**

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

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 **D** ☐ DELETE

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

TITLE **P** ☐ DELETE

NAME **BELL, GERALD W**
 STREET ADDRESS **P.O. BOX 500129 N/A**
 CITY-ST-ZIP **MALABAR FL 32950-0129**

TITLE **D** ☐ DELETE

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

TITLE **S** ☐ DELETE

NAME **COLLIE, VAN B**
 STREET ADDRESS **203 SAND PINE RD**
 CITY-ST-ZIP **INDIALANTIC FL 32903**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **T** ☐ Change ☐ Addition

1.2 NAME **NAULT, GEORGE E.**
 1.3 STREET ADDRESS **400 SURF RD.**

1.4 CITY-ST-ZIP **MELBOURNE BEACH, FL 32951-2652**

2.1 TITLE **D** ☐ Change ☐ Addition

2.2 NAME **DUSTERHOFT, DENNIS A**
 2.3 STREET ADDRESS **1560 SUTSCHEK ST NE**

2.4 CITY-ST-ZIP **PALM BAY, FL 32907-2489**

3.1 TITLE **D** ☐ Change ☐ Addition

3.2 NAME **GEISSLER, GILBERT B**
 3.3 STREET ADDRESS **1869 WALLACE AVE**

3.4 CITY-ST-ZIP **MELBOURNE, FL 32935-3961**

4.1 TITLE **D** ☐ Change ☐ Addition

4.2 NAME **TRAVIS, BEVAN E**
 4.3 STREET ADDRESS **420 SEABREEZE DR**

4.4 CITY-ST-ZIP **INDIALANTIC, FL 32903-4124**

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
 6.3 STREET ADDRESS
 6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE: **GERALD W BELL**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-29-99

Date

407 728 5545

Daytime Phone #

CR2E037 (11/98)