## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N24177

FILED Jul 02, 2007 Secretary of State

Entity Name: FLEET RESERVE ASSOCIATION OF SOUTHWEST FLORIDA BRANCH AND UNIT 144, INC.

**Current Principal Place of Business: New Principal Place of Business:** 500 SUNSHINE BLVD LEHIGH ACRES, FL 33971 US **Current Mailing Address: New Mailing Address:** 1230 TAYLOR LANE EXT. P.O. BOX 1870 LEHIGH ACRES, FL 33970 LEHIGH ACRES, FL 33936 US US FEI Number: 65-0047793 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X) In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: DOWNS, LEE B PRES DOWNS, LEE B PRES 1230 TAYLOR LANE EXT. 9705 BAYCREST TERR LEHIGH ACRES, FL 33936 US LEHIGH ACRES, FL 33936 US The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE: LEE B. DOWNS 07/02/2007 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition HARTLIEB, CARL Name: Name: 1446 SE 19TH LANE Address: Address: City-St-Zip: CAPE CORAL, FL 33990 City-St-Zip: Title: Title: () Delete (X) Change ( ) Addition Name: DOWNS, LEE Name: DOWNS, LEE Address: 1230 TAYLOR LANE EXT. Address: 9705 BAYCREST TERR City-St-Zip: LEHIGH ACRES, FL 33936 City-St-Zip: LEHIGH ACRES, FL 33936 Title: () Delete Title: V.P. (X) Change ( ) Addition MUNDAY, DAVID MUNDAY, DAVID Name: Name: 900 W. HICKPOOCHEE AVE. A39 900 W. HICKPOOCHEE AVE. A39 Address: Address: City-St-Zip: LABELLE, FL 33935 City-St-Zip: LABELLE, FL 33935 Title: **BOFD** ( ) Delete Title: () Change () Addition Name: POISSON, EDWARD J Name: Address: 1621 CORTEZ AVE Address: City-St-Zip: LEHIGH ACRES, FL 33936 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LEE B. DOWNS PRES 07/02/2007