

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # N26570 (4)

1. Corporation Name

124TH INFANTRY REGIMENTAL ASSOCIATION, INC.

95 JAN 25 PM 3:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 05/24/1988	3a. Date of Last Report 02/14/1994
4. FEI Number 59-2894399	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 ☒	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 100.032, Florida Statutes ☐ Yes ☒ No	

Principal Place of Business		Mailing Address	
POST OFFICE BOX 56809 ORLANDO FL 32856-5609		POST OFFICE BOX 56809 ORLANDO FL 32856-5609	
2. Principal Place of Business	2a. Mailing Address		
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.		
22. City & State	27. City & State		
23. Zip	28. Zip		
24. Country	29. Country		

9. Name and Address of Current Registered Agent

HAWK, ROBERT
82 MARINE ST
ST. AUGUSTINE FL 32084

10. Name and Address of New Registered Agent

01. Name
02. Street Address (P.O. Box Number is Not Acceptable)
03.
04. City
05. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☐ Change ☐ Addition
NAME	HAWK, ROBERT	1.2 NAME	
STREET ADDRESS	82 MARINE STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	ST. AUGUSTINE FL	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	GROOMS, RUSSELL E.	2.2 NAME	
STREET ADDRESS	1605 TALBOT AVENUE	2.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	RUBY, RAYMOND A.	3.2 NAME	
STREET ADDRESS	9808 SUNSET DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	DOLBOW, LOUIS J.	4.2 NAME	
STREET ADDRESS	P.O. BOX 880 N/A	4.3 STREET ADDRESS	
CITY-ST-ZIP	HERNANDO FL	4.4 CITY-ST-ZIP	
TITLE	ST	5.1 TITLE	☐ Change ☐ Addition
NAME	REID, WILLIAM V.	5.2 NAME	
STREET ADDRESS	1102 CATALPA LN	5.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 110.07(9)(b), 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 my address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WILLIAM V REID

19 JAN 95

482-216-2127

(Type Name)