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NONPROFIT CORPORATION ANNUAL REPORT



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

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DOCUMENT # N26570

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124 I H	INFANTRY	REGIMENTAL	ASSOCIATION.	INC.

Principal Place	of Business	Mailing Address					
Principal Place of Business Mailing Address POST OFFICE BOX 56809 POST OFFICE BOX 56809 ORLANDO FL 32856-5609 ORLANDO FL 32856-5609							
					3. Date Incorporated or Qualified 05/24/1988	3a. Date of Las 01/25/	
_2. Principal Pla 21	ace of Business	2a. Mailing Address 26			4, FEI Number 59-2894399		Applied For Not Applicable
Suite, Apt. 4	#, etc.	Suite, Apt. #, etc	÷.		5. Certificate of Status Desired	(ME)	5 Additional Required
City & State	9	City & State			6. Election Campaign Financing Trust Fund Contribution	□ \$5.0	00 May Be
Zip	Country	Zip	Cour	itry	This corporation has liability for in		ed to Fees . 199.032.
24	25	29	30	··	Florida Statutes	Yes X No	
	9. Name and Address of Curr	ent Hegistered Agent		04 N.	10. Name and Address of New R	egistered Agent	
				81 Name			
HAWK, F 82 Marii			-	82 Street Ac	dress (P.O. Box Number is Not Acceptabl	e)	
	SUSTINE FL 32084		•	B3			
				B4 City		FL 85 Z	p Code
or register	eo agent, or both, in the State of Fit	orida. Such change was auth	torized by the c	re-named corp orporation's bo	oration submits this statement for the purporation for the purporated of directors. I hereby accept the appo	page of changing its	registered office d agent. I am
ramınar wit	th, and accept the obligations of, Se	iction on logos, nonga stati	uięs.				
SIGNATURE _	-						
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SIGNATURE _	Signature, typed or printed name of registered age OFFICERS A				ired when renstating) ADDITIONS/CHANGES TO OFFI	CERS AND DIRECT	
SIGNATURE _	Signature, typed or printed name of registered age OFFICERS A	ent and title if applicable. ND DIRECTORS	(NOTE: Registered	E			DRS IN 12
SIGNATURE _ 12. TITLE	Signature, typed or printed name of registered age OFFICERS A D HAWK, ROBERT	ent and title if applicable. ND DIRECTORS	(NOTE Registered 13. 1.1 IVI 1.2 NA	E		CERS AND DIRECT	
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4. To hereby certify that the information supplied with this titing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes. I further certify that the information indicated on this 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 expression of 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 charged or or an attachment with an address.

SIGNATURE:

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

28 FEB 96 (401)2462127

Dayt me Phone #