## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N26570

1. Corporation Name

(4)

## 124TH INFANTRY REGIMENTAL ASSOCIATION, INC.

| POST OFFICE BOX 56809 ORLANDO FL 32856-5609 |   | POST OFFICE BOX 56809 ORLANDO FL 32856 |                   |                         | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,           | A A DALLES OF A LESS SAIDS STOLL SEEN BOW BOW STOLL ST |  |  |
|---|---|--|-------------------|-------------------------|---|--|--|--|
|   |   |  |                   |                         |   |  |  |  |
|   |   |  |                   |                         | 3. Date incorporated or Qualified 05/24/1988      | 3a. Date of Las<br>03/04/  | t Report<br>/ <b>1996</b>              |  |
| 2. Principal F                              | Place of Business   | 2a. Mailing Addr                       | 988               |                         | 4. FEI Number                                     |  | Applied For                            |  |
| 21  |   | 26                                     |                   | 59-2894399              |   | Not Applicable   |  |  |
| Suite, Apt.                                 | . #, etc.   | Suite, Apt. #,                         | etc.              |                         | 5. Certificate of Status Desired                  | 121 '  | 5 Additional<br>Required               |  |
| City & State                                |   | City & State                           | City & State      |                         | 6. Election Campaign Financing                    | ng \$5.00 May Be   |  |  |
| 23  |   | 28                                     |                   |                         | Trust Fund Contribution                           |  | ed to Fees                             |  |
| Zip   | Country   | Zip                                    | Cou               | ntry                    | 8. This corporation has liability for             | intangible tax unde  | r s. 199.032,                          |  |
| 24  | 25  | 29                                     | 30                |                         |   | Yes No   |  |  |
|   | 9. Name and Address of Currer   | nt Registered Agent                    |                   | 24 11                   | 10. Name and Address of New Re                    | gistered Agent   |  |  |
|   |   |  |                   | 81 Name                 |   | •  |  |  |
|   | ROBERT  |  |                   | 82 Street Ad            | dress (P.O. Box Number is Not Acceptab            | ole)   | · · · · · · · · · · · · · · · · · · ·  |  |
| 82 MARINE ST<br>ST. AUGUSTINE FL 32084      |   |  |                   | 83                      | · · · · · · · · · · · · · · · · · · ·             |  | #************************************* |  |
|   |   |  |                   | 84 City                 |   | 85 Z   | lip Code                               |  |
| 11 Pursuant                                 | to the provisions of Sections 617.050   | 10 and 617 1500 Florid                 | o Chabutan tha al |                         | prporation submits this statement for the p       | FL   "   f   | - 1                                    |  |
| I office or i                               | registered agent, or both, in the State arm familiar with, and accept the oblig | of Florida. Such chan                  | oe was authorize  | d by the corpor         | ation's board of directors. I hereby accept       | or the appointment   | g its registered<br>as registered      |  |
| SIGNATURE                                   | Signature, typed or printed name of registered age                              | ant and title if applicable            | /NOTE: Renistere  | 1 Agent eigenture reg   | juired when reinstating)                          | DATE   |  |  |
| 12.   | OFFICERS AND DIRECTORS  |  | 13.               | a regioni dignatoro rec | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |  |  |
| TITLE                                       | D   | DE                                     |                   | ILE                     |   | Chang  |  |  |
| NAME  | HAWK, ROBERT  |  | 1.2 N             | ME .                    |   |  |  |  |
| STREET ADDRESS                              | 82 MARINE STREET  |  | 1.3 \$1           | REET ADDRESS            |   |  |  |  |
| CITY - ST - ZIP                             | ST. AUGUSTINE FL  |  | 1.4 0             | TY-ST-ZIP               |   |  |  |  |
| TITLE                                       | D   | ☐ DE                                   |                   |                         |   | ☐ Chang  | ge Addition                            |  |
| NAME  | GROOMS, RUSSELL E.  |  | 22 N              | ME                      |   |  |  |  |
| STREET ADDRESS                              | 1605 TALBOT AVENUE  |  | 2351              | REET ADDRESS            |   |  |  |  |
| CITY - ST - ZIP                             | JACKSONVILLE FL   |  | 2.40              | ITY-ST-ZIP              |   | •  |  |  |
| TITLE                                       | Ð   | DE                                     | LETE 3.1 TI       | TLE                     |   | Chang  | ge Addition                            |  |
| NAME  | RUBY, RAYMOND A.  |  | 3.2 N/            | ME                      |   |  |  |  |
| STREET ADDRESS                              | 9806 SUNSET DRIVE   |  | 3.3 ST            | REET ADDRESS            | •   |  |  |  |
| CITY-ST-ZIP                                 | JACKSONVILLE FL   |  |                   | ITY-ST-ZIP              |   |  |  |  |
| TITLE                                       | D   | ☐ DE                                   | LETE 4.1 TI       | rle [                   |   | Chang  | ge 🔲 Addition                          |  |
| NAME  | DOLBOW, LOUIS J   |  | 4.2 N             | AME                     |   |  |  |  |
| STREET ADDRESS                              | P.O. BOX 880 N/A  |  | 4.3 51            | REET ADDRESS            |   |  |  |  |
| CITY-ST-ZIP                                 | HERNANDO FL   |  |                   | TY-ST-ZIP               |   | ······································   |  |  |
| TITLE                                       | ST  | DE                                     |                   |                         |   | Chang  | ge C Addition                          |  |
| NAME  | REID, WILLIAM V.  |  | 5.2 N/            | AME .                   |   |  |  |  |
| STREET ADDRESS                              | 1102 CATALPA LN   |  | 5.3 \$1           | REET ADDRESS            |   |  |  |  |
| CITY-ST-ZIP                                 | ORLANDO FL  |  |                   | TY-ST-ZIP               |   |  |  |  |
| TITLE                                       |   | ☐ DE                                   | LETE 6.1 Tr       | TLE                     |   | ☐ Chang  | ge 🔲 Addition                          |  |
| NAME  |   |  | 6.2 N             | ME                      |   |  |  |  |
| STREET ADDRESS                              | 1   |  | 6253              | DEET ADDOCCC            |   |  |  |  |

14. I do 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 of 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 examination with an address.

6.4 CITY-ST-ZIP

SIGNATURE:

1-19-91

107 24 2107

**FILED** 

Jan 28 1997 8:00am

Secretary of State