


**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 20, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N26570</b> 1. Entity Name 124TH INFANTRY REGIMENTAL ASSOCIATION, INC.	
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Principal Place of Business POST OFFICE BOX 56809 ORLANDO, FL 32856-5609	Mailing Address POST OFFICE BOX 56809 ORLANDO, FL 32856-5609
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**DO NOT WRITE IN THIS SPACE**

01222006 No Chg-NP CR2E037 (11/05)

4. FEI Number 59-2894399	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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**6. Name and Address of Current Registered Agent**

REID, WILLIAM V  
1102 CATALPA  
ORLANDO, FL 32806

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and (if applicable, (NOTE: Registered Agent signature required when reappointing)

(NOTE: Registered Agent signature required when reappointing)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

U00000475763  
04/05/06-80028-012 70.00

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GROOMS, RUSSELL E. 1605 TALBOT AVENUE JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RUBY, RAYMOND A. 9808 SUNSET DRIVE JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DOLBOW, LOUIS J. P.O. BOX 880 N/A HERNANDO, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P REID, WILLIAM V. 1102 CATALPA LN ORLANDO, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WILLIAM V REID

Date

Daytime Phone #

1/23/06 407860121