

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 14, 2007 08:00 AM
Secretary of State

DOCUMENT # N26570

1. Entity Name
124TH INFANTRY REGIMENTAL ASSOCIATION, INC.



Principal Place of Business
POST OFFICE BOX 56809
ORLANDO, FL 32856-5609

Mailing Address
POST OFFICE BOX 56809
ORLANDO, FL 32856-5609



02102007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2894399

Applied For
Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

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.
9806 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

U000000636409
02/26/07-80015-019 70.00

**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

Wm V REID

2/2/07

402 896-0227

Date

Daytime Phone #