2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2009
Secretary of State

DOCUMENT# N26570

Entity Name: 124TH INFANTRY REGIMENTAL ASSOCIATION, INC.

Current Principal Place of Business:

POST OFFICE BOX 56809
ORLANDO, FL 328565609

New Principal Place of Business:

1102 CATALPA LANE
ORLANDO, FL 32806

Current Mailing Address:

POST OFFICE BOX 56809
ORLANDO, FL 328565609

New Mailing Address:

1102 CATALPA LANE
ORLANDO, FL 32806

FEI Number: 59-2894399 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

REID, WILLIAM V
1102 CATALPA
ORLANDO, FL 32806 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: GROOMS, RUSSELL E.,
Address: 1605 TALBOT AVENUE
City-St-Zip: JACKSONVILLE, FL

Title: D ( ) Delete
Name: RUBY, RAYMOND A.,
Address: 9806 SUNSET DRIVE
City-St-Zip: JACKSONVILLE, FL

Title: D ( ) Delete
Name: DOLBOW, LOUIS J..,
Address: P.O. BOX 880 N/A
City-St-Zip: HERNANDO, FL

Title: P ( ) Delete
Name: REID, WILLIAM V.,
Address: 1102 CATALPA LN
City-St-Zip: ORLANDO, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WMVREID P 01/19/2009

Electronic Signature of Signing Officer or Director — Date