

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 16, 2005 8:00 am
Secretary of State

03-16-2005 90036 023 ****70.00

DOCUMENT # N29008

1. Entity Name

DUGOUT NO. 271, SECTOR OF FLORIDA, NATIONAL
ORDER OF TRENCH RATS, INCORPORATED



Principal Place of Business

% LARRY O. KYSER
1701 BAINBRIDGE AVE.
PENSACOLA FL 32507
US

Mailing Address

% LARRY O. KYSER
5749 WINDERMERE TRACE
MILTON FL 32571
US

2. Principal Place of Business

% Charles Heiney
Suite, Apt. #, etc.
PACE FL

3. Mailing Address

5749 Windermere Trace
Suite, Apt. #, etc.
PACE FL

City & State

32571

City & State

32571

Zip

32571

Country

Santa Rosa

Zip

32571

Country

Santa Rosa



1st MOORE

CR2E037 (10/04)

4. FEI Number

59-2948993

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HEINEY, CHARLES
5749 WINDERMERE TRACE
PACE FL 32571

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Charles Heiney

2-17-05

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

Due By May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	STD	<input type="checkbox"/> Delete
NAME	KYSER, LARRY O.	
STREET ADDRESS	7115 PRINCESS LANE	
CITY-ST-ZIP	PENSACOLA FL 32526	
TITLE	DV	<input type="checkbox"/> Delete
NAME	JACKSON, CARL H SR.	
STREET ADDRESS	6911 OLSEN ROAD	
CITY-ST-ZIP	PENSACOLA FL 32506	
TITLE	DV	<input type="checkbox"/> Delete
NAME	FERGUSON, HARMON S	
STREET ADDRESS	5132 MULDOON STREET	
CITY-ST-ZIP	CRESTVIEW FL 32539	
TITLE	DV	<input type="checkbox"/> Delete
NAME	VANCE, GEORGE W	
STREET ADDRESS	121 SPRINGWOOD CIR.	
CITY-ST-ZIP	CRESTVIEW FL 32536	
TITLE	PCD	<input type="checkbox"/> Delete
NAME	DEAN, GLENNIS C	
STREET ADDRESS	2903 LONGLEAF DRIVE	
CITY-ST-ZIP	PENSACOLA FL 32526	
TITLE	DV	<input type="checkbox"/> Delete
NAME	HEINEY, CHARLES E	
STREET ADDRESS	5749 WINDERMERE TRACE	
CITY-ST-ZIP	PACE FL 32571	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I 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 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:

Charles E Heiney

2-17-05

850 994 9491

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #