
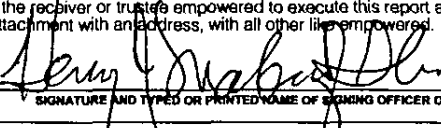


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 27, 2008 08:00 AM
Secretary of State

DOCUMENT # N33377 1. Entity Name THE DELBERT D. BLACK BRANCH 117, INCORPORATED FLEET RESERVE ASSOCIATION		
Principal Place of Business 3318 SOCORRO AVE ORLANDO, FL 32829 US		Mailing Address 3318 SOCORRO AVE ORLANDO, FL 32829 US
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent MALENOFSKI, HENRY J 3118 SOCORRO AVE ORLANDO, FL 32829		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
Filing Fee is \$61.25 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		U00000952285 06/04/08-80074-008 61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MALENOFSKI, HENRY J 3118 SOCORRO AVE ORLANDO, FL 32829	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MIDDLEKAUFF, JAMES L 3810 REGENTS WAY OVIEDO, FL 32765	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BRALEY, EARLE C 7635 NOLTON WAY ORLANDO, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		5/8/2008 <small>Date Daytime Phone #</small>