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NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N34538** (1)

1. Corporation Name

PALM BAY OFFICERS' ASSOCIATION, INC.



Principal Place of Business

Mailing Address

% GEORGE B. TURNER, P.A.
932 S. WICKHAM RD. STE. A
W. MELBOURNE FL 32904

% GEORGE B. TURNER, P.A.
932 S. WICKHAM RD. STE. A
W. MELBOURNE FL 32904

3. Date Incorporated or Qualified

10/06/1989

3a. Date of Last Report

07/10/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**TURNER, GEORGE B.
932 S. WICKHAM RD.
SUITE A
MELBOURNE FL 32904**

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **DP**
STREET ADDRESS **CARTER, RICHARD**
CITY-ST-ZIP **P.O. BOX 100282 N/A
PALM BAY FL 32905**

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME **DP**
1.3 STREET ADDRESS **MARSHALL JONES**
1.4 CITY-ST-ZIP **P.O. BOX 100282 N/A
PALM BAY FL 32905**

TITLE ☐ DELETE
NAME **DV**
STREET ADDRESS **KRAYNICK, JEFFERY**
CITY-ST-ZIP **P.O. BOX 100282 N/A
PALM BAY FL**

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME **DVP**
2.3 STREET ADDRESS **STEVE HUSS**
2.4 CITY-ST-ZIP **P.O. BOX 100282 N/A
PALM BAY FL 32905**

TITLE ☐ DELETE
NAME **DST**
STREET ADDRESS **FISHER, DAN**
CITY-ST-ZIP **P.O. BOX 100282 N/A
PALM BAY FL 32906**

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME **DVP**
3.3 STREET ADDRESS **DAVE FOWLER**
3.4 CITY-ST-ZIP **P.O. BOX 100282 N/A
PALM BAY FL 32905**

TITLE ☐ DELETE
NAME **DT**
STREET ADDRESS **DIEBEL, ERNEST**
CITY-ST-ZIP **P.O. BOX 100282
PALM BAY FL**

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME **DVP**
4.3 STREET ADDRESS **JIM VELTRI**
4.4 CITY-ST-ZIP **P.O. BOX 100282 N/A
PALM BAY FL 32905**

TITLE ☐ DELETE
NAME **DV**
STREET ADDRESS **SMITH, JEFF**
CITY-ST-ZIP **P.O. BOX 100282
PALM BAY FL 32906**

5.1 TITLE ☒ Change ☐ Addition
5.2 NAME **DS**
5.3 STREET ADDRESS **DAN FISHER**
5.4 CITY-ST-ZIP **P.O. BOX 100282 N/A
PALM BAY FL 32905**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☒ Change ☐ Addition
6.2 NAME **DT**
6.3 STREET ADDRESS **DOUG FARNHAM**
6.4 CITY-ST-ZIP **P.O. BOX 100282 N/A
PALM BAY FL 32905**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARSHALL A. JONES, PRESIDENT

03/24/96

(407) 952-3464

Date

Daytime Phone #

CR2E037 (12/95)