FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 13 PM 12:07

DOCUMENT # N34743 (7)

1. Corporation Name

FLORIDA DISTRICT, 369TH VETERANS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
PO BOX 10608 ST. PETERSBURG FL 33733-0608 US	PO BOX 10608 ST. PETERSBURG FL 33733-0608 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/17/1989
3a. Date of Last Report: 09/23/1994
4. FEI Number: NOT APPLICABLE ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business (21) (22) (23) (24) (25)
2a. Mailing Address (26) (27) (28) (29) (30)

9. Name and Address of Current Registered Agent

HIGHSMITH, JACK L.
1911 ANASTASIA WAY S
ST PETERSBURG FL 33712

10. Name and Address of New Registered Agent

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE Jack L. Highsmith Pres. Jack L. Highsmith - 1/30/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when mailing) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☑ Change ☐ Addition
NAME	HIGHSMITH, JACK L.	1.2 NAME	
STREET ADDRESS	1911 ANASTASIA WAY SOUTH	1.3 STREET ADDRESS	3138-37th Lane So. Unit B
CITY-ST-ZIP	ST. PETERSBURG FL	1.4 CITY-ST-ZIP	St. Pete FL. 33711
TITLE	V	2.1 TITLE V	☑ Change ☐ Addition
NAME	GORING, H. REUBEN	2.2 NAME	Herbart Nusom
STREET ADDRESS	15829 HAMPTON VILLAGE DR	2.3 STREET ADDRESS	6212 - Cashmere Ave
CITY-ST-ZIP	TAMPA FL	2.4 CITY-ST-ZIP	Port Charlotte FL.
TITLE	V	3.1 TITLE V	☑ Change ☐ Addition
NAME	SIMMONS, EUGENE H.	3.2 NAME	James B. BROWN
STREET ADDRESS	1018 HAMILTON AVE	3.3 STREET ADDRESS	8334 - Colma Street
CITY-ST-ZIP	TARPON SPRINGS FL	3.4 CITY-ST-ZIP	SPRING Hill FL.
TITLE	SD	4.1 TITLE	☑ Change ☐ Addition
NAME	HIGHSMITH, JACK L., SR.	4.2 NAME	
STREET ADDRESS	1911 ANASTASIA WAY S	4.3 STREET ADDRESS	3138-37th Lane So. Unit B.
CITY-ST-ZIP	ST PETERSBURG FL	4.4 CITY-ST-ZIP	St Pete FL. 33711
TITLE	TD	5.1 TITLE	☐ Change ☐ Addition
NAME	CAMBLE, FRED	5.2 NAME	
STREET ADDRESS	2500 18TH AVE. SOUTH	5.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	BUTLER, LEONARD	6.2 NAME	
STREET ADDRESS	370 NE ITHACA ST	6.3 STREET ADDRESS	
CITY-ST-ZIP	PORT CHARLOTTE FL	6.4 CITY-ST-ZIP	

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)(i), 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 addition.

SIGNATURE: Jack L. Highsmith 1/30/95 - 813-866-9116
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR — Date — Daytime Phone #

0050821