

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

DOCUMENT # **N34743** (7)

1. Corporation Name

**FLORIDA DISTRICT, 369TH VETERANS ASSOCIATION, IN C.**

Principal Place of Business

PO BOX 10608  
ST. PETERSBURG FL 33733-0608  
US

Mailing Address

PO BOX 10608  
ST. PETERSBURG FL 33733-0608  
US



3. Date Incorporated or Qualified  
**10/17/1989**

3a. Date of Last Report  
**02/13/1995**

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

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

81

Name **B. Ashby Hobson**

82

Street Address (P.O. Box Number is Not Acceptable)  
**115 3rd STREET W**

83

84

City **TIERRA VERDE** FL

85

Zip Code **33715-1716**

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 **B. Ashby Hobson**

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

(NOTE: Registered Agent signature required when reinstating)

**2/27/96**

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☒ DELETE  
NAME **HIGHSMITH, JACK L.**  
STREET ADDRESS **3138 37 TH LANE S UNIT B**  
CITY-ST-ZIP **ST. PETERSBURG FL**

TITLE **V** ☐ DELETE  
NAME **NUSOM, HERBERT**  
STREET ADDRESS **16212 CASHMERE AVE**  
CITY-ST-ZIP **PORT CHARLOTTE FL**

TITLE **V** ☐ DELETE  
NAME **BROWN, JAMES B**  
STREET ADDRESS **8334 COLMA STREET**  
CITY-ST-ZIP **SPRING HILL FL**

TITLE **SD** ☒ DELETE  
NAME **HIGHSMITH, JACK L., SR.**  
STREET ADDRESS **3138 37TH LANE S UNIT B**  
CITY-ST-ZIP **ST PETE FL**

TITLE **TD** ☐ DELETE  
NAME **CAMBLE, FRED**  
STREET ADDRESS **2500 18TH AVE. SOUTH**  
CITY-ST-ZIP **ST PETERSBURG FL**

TITLE **D** ☐ DELETE  
NAME **BUTLER, LEONARD**  
STREET ADDRESS **370 NE ITHACA ST**  
CITY-ST-ZIP **PORT CHARLOTTE FL**

1.1 TITLE

**PD**  
**B. Ashby Hobson**

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

**115 3rd STREET W**  
**TIERRA VERDE FL 33715**

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

**SD**  
**HOBSON RONALDA**  
**115 THIRD Street West**  
**TIERRA VERDE FL 33715-1716**

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

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)(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 **B. Ashby Hobson**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/27/96**

DATE

**813 867 9345**

Daytime Phone #

CR2E037 (12/95)