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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N34743

1. Corporation Name

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

Principal Place of Business

P.O BOX 10657
ST. PETERSBURG FL 33733-0657
US

Mailing Address

P.O BOX 10657
ST. PETERSBURG FL 33733-0657
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

10/17/1989

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

9. Name and Address of Current Registered Agent

**ELLIOT, JAMES E III
2143 DESOTO WAY
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 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

James E. Elliott III Pres *James E. Elliott III* *Jan 20 1999*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **PD
ELLIOT, JAMES E III**
STREET ADDRESS **2143 DE SOTO WAY**
CITY-ST-ZIP **ST. PETERSBURG FL 33712**

TITLE ☐ DELETE

NAME **V
MARTIN, GODFREY A**
STREET ADDRESS **10105 ARROW CREEK ROAD**
CITY-ST-ZIP **NEW PORT RICHEY FL 34655**

TITLE ☐ DELETE

NAME **D
GITTENS, ARTHUR P**
STREET ADDRESS **3257 ALDORO AVENUE**
CITY-ST-ZIP **SPRING HILL FL 34609**

TITLE ☐ DELETE

NAME **SD
HOBSON, RONALDA**
STREET ADDRESS **115 3RD ST, W**
CITY-ST-ZIP **TIERRA VERDE FL**

TITLE ☐ DELETE

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

TITLE ☐ DELETE

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

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

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

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 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 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, with all other like empowered.

SIGNATURE:

James E. Elliott III *Jan 20 1999* *813-866-2224*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)