2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT **DOCUMENT # N35852** 1. Fotity Name



FILED Jan 23, 2006 8:00 am Secretary of State

| CHAPTER 58, THE RETIRED ENLISTED ASSOCIATION, INC. | | | | | | 01-23-2006 | | | |
|--|--|--|--|--|---|-----------------------|---|---|---|
| Principal Place of Business ENLISTED CLUB MACDILL AFB TAMPA, FL 33608-0676 US | | Mailing Address P.O. BOX 6676 MACDILL AFB TAMPA, FL 33608-0676 US | | , | | | | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | | | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | 01122006 | Chg-NP | CR2E0 | 37 (11/05) | |
| City & State | | City & State | | | 4. FEI Numbe 59-298 | | | | oplied For ox Applicable |
| Zip | Country | Zip | Country | | 5. Certificate | of Status Desired | K | \$8.75 Ad Fee Require | ditional |
| | 6. Name and Address of Current | Registered Agent | | | 7. Name and | Address of New | Registered / | Agent | |
| 0114555 | UEDIANI ID | | Nam | е | | | | | |
| SHARPE, HERMON JR. 3305 WEST BEAUMONT ST. TAMPA, FL 33611 | | | Stree | t Address (| P.O. Box Numbe | er is Not Acceptab | ole) | | |
| | | | City | | | - | FL | Zip Coo | le |
| | e named entity submits this statement forms of registered agent. | or the purpose of changing its | registered office | or register | red agent, or bot | h, in the State of F | lorida. I am | familiar with | and accept |
| _ | 01 21 | ٨ | | | | | | | |
| SIGNATURE | Signature, typed or printed name of registered agen | | N SHAR Registered Agent sig | | | 2006 | DATE | | |
| SIGNATURE | Signature, typed or pretted name of registered agent Filling Fee is \$61.25 Due by May 1, 2006 | | Registered Agent si paign Financin | prature required | | | | | |
| SIGNATURE | Filing Fee is \$61.25 | 9. Election Cam Trust Fund C | Registered Agent si paign Financin | g [| \$5.00 May B Added to Fees | | DATE Make checi orida Depar | tment of S | tate |
| | Filing Fee is \$61.25 Due by May 1, 2006 OFFICERS AND DE | 9. Election Cam Trust Fund C | Registered Agent si paign Financin ontribution, | g [| \$5.00 May B Added to Fees | e Flo | DATE Make checi orida Depar | tment of S | tate |
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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 cath; 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.

(813) 839-0780