

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 # **N36223** (8)

1. Corporation Name

COALITION OF MILITARY DISTRIBUTORS, INC.



Principal Place of Business

**C/O JAMES NJULIANA ASSOC.
1899 L STREET
WASHINGTON DC 20036
US**

Mailing Address

**C/O JAMES NJULIANA ASSOC.
1899 L STREET
WASHINGTON DC 20036
US**

3. Date Incorporated or Qualified
01/22/1990

3a. Date of Last Report
11/22/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-2977277

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**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HUELSBECK, HARRY
4150 WEST BLOUNT STREET
PENSACOLA FL 32505**

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 **SD** ☐ DELETE
NAME **JILLSON, JIM**
STREET ADDRESS **9990 EMPIRE ST., SUITE 100**
CITY-ST-ZIP **SAN DIEGO CA**

1.1 TITLE **TD** ☐ Change ☒ Addition
1.2 NAME **DUFFIELD, JIM**
1.3 STREET ADDRESS **1936 BUNTING CT.**
1.4 CITY-ST-ZIP **Edmond, OK 73034**

TITLE **D** ☐ DELETE
NAME **ECKERK, LARRY**
STREET ADDRESS **1300 LEBAUOU RD**
CITY-ST-ZIP **COLLINSVILLE IL 62234**

2.1 TITLE **D** ☐ Change ☒ Addition
2.2 NAME **Kositske, DAN**
2.3 STREET ADDRESS **11095 VIKING DRIVE**
2.4 CITY-ST-ZIP **EDEN PRAIRIE, MN 55344**

TITLE **D** ☐ DELETE
NAME **HUELSBECK, HARRY**
STREET ADDRESS **4150 WEST BLOUNT ST.**
CITY-ST-ZIP **PEN FL 32505**

3.1 TITLE **D** ☐ Change ☒ Addition
3.2 NAME **MARCI, NICK**
3.3 STREET ADDRESS **FERRY ROAD/PO BOX 821**
3.4 CITY-ST-ZIP **BRATTLEBORO, VT 05302**

TITLE **PD** ☐ DELETE
NAME **RITCHIE, RON**
STREET ADDRESS **3601 WASHINGTON BLVD**
CITY-ST-ZIP **BALTIMORE MD**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE **VD** ☐ DELETE
NAME **DOWNEY, ROBERT S**
STREET ADDRESS **4954 SPACE CENTER DR**
CITY-ST-ZIP **SAN ANTONIO TX**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE **CD** ☐ DELETE
NAME **JARED, JERRY**
STREET ADDRESS **3587 ARGONNE AVE**
CITY-ST-ZIP **NORFOLK VA 23509**

6.1 TITLE ☐ Change ☐ Addition
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:

Ron Ritchie **RON RITCHIE**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/29/96
Date

410-247-8300
Daytime Phone #

CR2E037 (12/95)