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NONPROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # N36223

1. Corporation Name

COALITION OF MILITARY DISTRIBUTORS, INC.

Principal Place of Business

C/O JAMES N.JULIANA ASSOC.
1899 L STREET
WASHINGTON DC 20036
US

Mailing Address

C/O JAMES N.JULIANA ASSOC.
1899 L STREET
WASHINGTON DC 20036
US



2. Principal Place of Business

21 C/O James Julianna Assoc

2a. Mailing Address

2a. C/O James Julianna Assoc.

3. Date Incorporated or Qualified

01/22/1990

Suite, Apt. #, etc.

22 910 17th St. N.W. - Suite 800

Suite, Apt. #, etc.

27 910 17th St N.W. - Suite 800

4. FEI Number

59-2977277

Applied For

Not Applicable

City & State

23 Washington DC

City & State

28 Washington DC

5. Certificate of Status Desired

\$8.75 Additional Fee Required

Zip

24 20006

Country

Zip

29 20006

Country

6. Election Campaign Financing

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

HUELSBECK, HARRY
4150 WEST BLOUNT STREET
PENSACOLA FL 32505

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE SD
NAME MALONE, RONETTE
STREET ADDRESS PO BOX 821 N/A
CITY-ST-ZIP BRATTLEBORO VT
 DELETE

TITLE TD
NAME WEBER, NICHOLAS
STREET ADDRESS 13530 ROSECRANS AVE
CITY-ST-ZIP SANTA FE SPRINGS CA
 DELETE

TITLE VPD
NAME HUELSBECK, HARRY
STREET ADDRESS 4150 WEST BLOUNT ST.
CITY-ST-ZIP PENSACOLA FL
 DELETE

TITLE PD
NAME DOWNEY, ROBERT
STREET ADDRESS 457 SPACE CENTER DRIVE
CITY-ST-ZIP SAN ANTONIO TX
 DELETE

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
 DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition
1.2 NAME SD
1.3 STREET ADDRESS Palmgren, Charles
1.4 CITY-ST-ZIP PO Box 152
Collinsville, FL 62234-0152

2.1 TITLE TD
2.2 NAME Jared, Jerry
2.3 STREET ADDRESS 1033 Kingwood Ave
2.4 CITY-ST-ZIP Norfolk, VA 23502
 Change Addition

3.1 TITLE VPD
3.2 NAME Degginger, Lou
3.3 STREET ADDRESS 6301 Waterford Blvd
3.4 CITY-ST-ZIP Oklahoma City, OK 73126-0647
 Change Addition

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

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

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
 Change Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JERRY H. JARED 1/22/99 757-858-6404
TREASURER

Date

Daytime Phone #

CR2E037 (11/98)