NONPROFIT CORPORATION ANNUAL REPORT

1995

FLORIDA Department of State
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 AUG -8 PM 2:40

DOCUMENT # N37639 (4)

1. Corporation Name

FLEET RESERVE ASSOCIATION BRANCH #290, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
390 MAYPORT RD. ATLANTIC BEACH FL 32233	390 MAYPORT RD. ATLANTIC BEACH FL 32233

3. Date Incorporated or Qualified: 04/11/1990
3a. Date of Last Report: 03/28/1994
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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ FILING FEE IS $61.25
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

NOE, WILLIAM G., JR.
599 ATLANTIC BOULEVARD
SUITE 6
ATLANTIC BEACH FL 32233

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	TD	1.1 TITLE	~~FLEET RSVE TRS~~ TD	☑ Change ☐ Addition
NAME	~~SCRUGGS, BARBARA~~ JOHN COY	1.2 NAME	JOHN COY	
STREET ADDRESS	390 MAYPORT	1.3 STREET ADDRESS	390 MAYPORT RD	
CITY-ST-ZIP	ATLANTIC BEACH FL	1.4 CITY-ST-ZIP	ATLANTIC BEACH FL 32233	
TITLE	PD	2.1 TITLE		☐ Change ☐ Addition
NAME	SHANKS, JOSEPH	2.2 NAME		
STREET ADDRESS	390 MAYPORT RD.	2.3 STREET ADDRESS		
CITY-ST-ZIP	ATLANTIC BEACH FL 32233	2.4 CITY-ST-ZIP		
TITLE	SD	3.1 TITLE	~~SECRETARY STRS~~ SD	☑ Change ☐ Addition
NAME	~~HUSTED, DAVE~~ JAMES STERLING	3.2 NAME	JAMES STERLING	
STREET ADDRESS	390 MAYPORT RD.	3.3 STREET ADDRESS	390 MAYPORT RD	
CITY-ST-ZIP	ATLANTIC BEACH FL 32233	3.4 CITY-ST-ZIP	ATLANTIC BEACH FL 32235	
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

CR2E037 (3/95)

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)(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 an attachment with an address.

SIGNATURE: J. H. Coy J. H. Coy 8/4/95 246-6819
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0002182