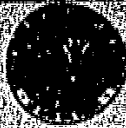


**NONPROFIT CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Ronald E. McNair
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N37639 (4)
1. Corporation Name
FLEET RESERVE ASSOCIATION BRANCH #290, INC.

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

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

Mailing Address
**390 MAYPORT RD.
ATLANTIC BEACH FL 32233**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
04/11/1990

3a. Date of Last Report
03/28/1994

4. FEI Number
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
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

9. Name and Address of Current Registered Agent

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

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 _____
(NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS

TITLE **TD**
NAME **SCRUGGS, BARBARA JOHN COY**
STREET ADDRESS **390 MAYPORT**
CITY-ST-ZIP **ATLANTIC BEACH FL**

TITLE **PD**
NAME **SHANKS, JOSEPH**
STREET ADDRESS **390 MAYPORT RD.**
CITY-ST-ZIP **ATLANTIC BEACH FL 32233**

TITLE **SD**
NAME **HUSTED, DAVE JAMES STEALINA**
STREET ADDRESS **390 MAYPORT RD.**
CITY-ST-ZIP **ATLANTIC BEACH FL 32233**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **REMOVED THE TD** ☒ Change ☐ Addition
1.2 NAME **JOHN COY**
1.3 STREET ADDRESS **SAME 390 MAYPORT RD**
1.4 CITY-ST-ZIP **ATL FL 32233** ☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE **SECRETARY SDB SD** ☒ Change ☐ Addition
3.2 NAME **JAMES STEALINA**
3.3 STREET ADDRESS **390 MAYPORT RD**
3.4 CITY-ST-ZIP **ATL FL 32233** ☐ Change ☐ Addition

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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(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 an individual or an attachment with an address.

SIGNATURE: **J. H. Coy** **8/4/95** **246-6819**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR