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May 05 1997 8:00am

Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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



Principal Place of Business Mailing Address
390 MAYPORT RD. 390 MAYPORT RD.
ATLANTIC BEACH FL 32233 ATLANTIC BEACH FL 32233-3334

3. Date Incorporated or Qualified 04/11/1990 3a. Date of Last Report 01/31/1996

2. Principal Place of Business		2a. Mailing Address		4. FEI Number NOT APPLICABLE		Applied For	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		5. Certificate of Status Desired		8.75 Additional Fee Required	
22 City & State		27 City & State		6. Election Campaign Financing Trust Fund Contribution		5.00 May Be Added to Fees	
23 Zip		28 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		Yes No	
24		25		29		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	85 Zip Code
			FL	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TD	1.1 TITLE	TD
NAME	COY, JOHN	1.2 NAME	CUMMINGS, ROBERT D
STREET ADDRESS	390 MAYPORT RD.	1.3 STREET ADDRESS	390 MAYPORT RD
CITY-ST-ZIP	ATLANTIC BEACH FL	1.4 CITY-ST-ZIP	ATLANTA Bch FL
TITLE	PD	2.1 TITLE	
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	
NAME	STERLING, JAMES	3.2 NAME	
STREET ADDRESS	320 MAYPORT RD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTIC BEACH FL	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE _____ 4/12/97 941-247-0233

CR2E037 (9/96)