

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2005 08:00 AM
Secretary of State

DOCUMENT # N37639 1. Entity Name FLEET RESERVE ASSOCIATION BRANCH #290, INC.	
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Principal Place of Business 390 MAYPORT RD. ATLANTIC BEACH, FL 32233	Mailing Address 390 MAYPORT RD. P.O. Box 331538 ATLANTIC BEACH, FL 32233
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DO NOT WRITE IN THIS SPACE



01122005 No Chg-NP CR2E037 (10/03)

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent NOE, WILLIAM G., JR. 599 ATLANTIC BOULEVARD SUITE 6 ATLANTIC BEACH, FL 32233	DO NOT WRITE IN THIS SPACE
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	DATE _____
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Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CUMMINGS, ROBERT D 390 MAYPORT RD. ATLANTIC BEACH, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD WEBER, JAMES C 390 MAYPORT RD ATLANTIC BEACH, FL 32233
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD STERLING, JAMES R 390 MAYPORT RD 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	

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03/04/05-80008-016 61.25

**DO NOT WRITE
IN THIS SPACE**

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: <u>Joe R. [Signature]</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	3-1-05 Date	904-246-6851 BUSINESS 904-994-7252 CELL Daytime Phone #
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