2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Aug 11, 2006 8:00 am Secretary of State DOCUMENT # N37639 1. Entity Name 08-11-2006 90003 033 ****61.25 FLEET RESERVE ASSOCIATION BRANCH #290, INC. Principal Place of Business Mailing Address 390 MAYPORT RD. ATLANTIC BEACH FL 32233 390 MAYPORT RD. ATLANTIC BEACH FL 32233 3. Mailing Address P. O. BOX 331538 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 2nd MOORE CR2E037 (4/06) Applied For City & State 4. FEI Number Atlantic Beach, Florida NO-T APPLICABLE Not Applicable Country USA Zio Country \$8.75 Additional 32233 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent NOE, WILLIAM G., JR. Street Address (P.O. Box Number is Not Acceptable) 599 ATLANTIC BOULEVARD SUITE 6 ATLANTIC BEACTH FL 32233 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 little if applicable. (NOTE: Pegistered Agent signature required when roinstaling) FILE NOW: FEE'S \$61.25 Make Check Payable to 9. Election Campaign Financing \$5.00 May Be Due By September 6, 2006 Trust Fund Contribution. Added to Fees Florida Department of State 10, OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE ☐ Defete TITLE Change Addition CUMMINGS, ROBERT D NAME NAME Robert D. Cummings STREET ADDRESS 390 MAYPORT RD. STREET ADDRESS P. O. BOX 331538 Atlantic Beach. Florida ATLANTIC BEACH FL CITY-ST-ZIP CITY-ST-78P PD Charles R. DeWitt P.O.BOX 331538 TITLE XXXXDelete TITLE Change XX Addition WEBER, JAMES C NAME NAME 390 MAYPORT RD STREET ADDRESS STREET ADDRESS Atlantic Beach, Florida CITY-ST-ZIP ATLANTIC BEACH FL 32233 CITY-ST-ZIP XIXIXvelete TITLE D THILE ☐ Change XX Addition STERLING, JAMES R NAME John E. Sutton (D) P.O.BOX 331538 Atlantic Beach, Florida NAME 390 MAYPORT RD STREET ADDRESS STREET ADDRESS ATLANTIC BEACH FL 32233 CITY-ST-ZIP CITY-S1-ZIP TITLE ☐ Delete TITLE (D) Change XXXddition NAME Frederick A. Hill P.O.BOX 331538 NAME STREET ADDRESS STREET ADDRESS Atlantic Beach, Florida 32233 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete DILE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119. 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.

7 AUG WET 2006

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SIGNATURE: CHARLES R DEWLITT PRESIDENT