2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Apr 13, 2007 08:00 AM Secretary of State DOCUMENT # N37639 FLEET RESERVE ASSOCIATION BRANCH #290, INC. Principal Place of Business Mailing Address 390 MAYPORT RD PO BOX 331538 ATLANTIC BEACH FL 32233 ATLANTIC BEACH FL 32233 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apl. #, etc. 1st MOORE CR2E037 (10/06) City & State Applied For City & State 4. FEI Numbor NO-T APPLICABLE Not Applicable Zıp Country Ζıp Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Namo NOE, WILLIAM G., JR. Street Address (P.O. Box Number is Not Acceptable) 599 ATLANTIC BOULEVARD SUITE 6 ATLANTIC BEACH FL 32233 Zip Code 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 it applicable. (NOTE: Registered Agent signature required when romstating) DATE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution Due By May 1, 2007 Added to Fees Florida Department of State 10, OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 ши Delete TITLE ☐ Change Addition NAME CUMMINGS, ROBERT D NAME STREET ADORESS PO BOX 331538 STREET ADDRESS U00000703824 CITY-ST-7IP ATLANTIC BEACH FL 32233 CITY-ST-ZIP <u>04/20/07-80155-016-61</u> HÎLE Delete HILL Change Addition NAME DEWITT, CHARLES R 1 NAME STREET ADDRESS PO BOX 331538 STREET EADDRESS CITY-S1-7IP ATLANTIC BEACH FL 32233 CHY-S1-ZIP Delete TITLE Addition Change NAME NAMI SUTTON, JOHN E STREET ADDRESS PO BOX 331538 STREET ADDRESS CITY-S1-7IP CHY-SI-ZP ATLANTIC BEACH FL 32233 ппг Delete [] Change ☐ Addition NAME NAME. HILL, FREDERICK A STREET ADDRESS STREET ADORESS PO BOX 331538 CITY S1-7IP CHY-ST-ZIP ATLANTIC BEACH FL 32233 TITLE Defete TIFLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY-SI-ZIP CITY-ST-ZIP HILLE ☐ Detete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CUY-S1-ZIP CHY-ST-ZIP

I hereby cortify that the information supplied with this filling does not qualify for the exemptions contained in Section 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 eath; 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 attackment with an address, with all other like empowered

SIGNATURE

FILED