

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

DOCUMENT # **N39265** (6)

1. Corporation Name

**SPACE COAST ALL AIRBORNE CHAPTER, 82ND AIRBORNE  
DIVISION ASSOCIATION, INC.**



Principal Place of Business

Mailing Address

~~C/O OLIVIA J. TIMBLIN~~  
~~1225 76TH TERRACE SW #4~~  
~~VERO BEACH FL 32968~~

~~96 AQUA RA DRIVE~~  
~~C/O ROSS STONE~~  
~~JENSEN BEACH FL 34957~~  
~~US~~

**96 AQUA RA DRIVE**  
**C/O ROSS STONE**  
**JENSEN BEACH**  
**FL 34957-2627**

2. Principal Place of Business **S.**  
**21 C/O NORMAN HODGES**

2a. Mailing Address

Suite, Apt. #, etc.

**22 122 N. MEDITERRANEAN AVE**

Suite, Apt. #, etc.

**23 PORT ST LUCIE, FL**

City & State

**24 3495A** **25 USA**

Zip

Country

**29**

Country

**30**

Country

3. Date Incorporated or Qualified  
**07/23/1990**

3a. Date of Last Report  
**05/01/1995**

4. FEI Number  
**59-2896310**

Applied For  
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**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**STONE, ROSS**  
**96 AQUA RA DRIVE**  
**JENSEN BEACH FL 34957**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85

Zip Code

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

**ROSS STONE**

*[Signature]*

**2/5/96**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **DP D**  
NAME **TIMBLIN, GLORIA J**  
STREET ADDRESS **1775-76TH TER. SW #4**  
CITY-ST-ZIP **VERO BEACH FL 32978**

11 TITLE **DP**  
12 NAME **MC CARTHY, ROBERT**  
13 STREET ADDRESS **6531 SE FED HWY C-106**  
14 CITY-ST-ZIP **STUART, FL 34997**

TITLE **D**  
NAME **GALLARDO, ROBERT LTC**  
STREET ADDRESS **209 MANATEE COURT**  
CITY-ST-ZIP **BAREFOOT BAY FL 32976**

21 TITLE **D**  
22 NAME **BELL, LESTER**  
23 STREET ADDRESS **2150 ATLANTIC AVE UNIT 414**  
24 CITY-ST-ZIP **MELBOURNE, BEACH, FL 32951**

TITLE **DS**  
NAME **HODGES, NORMAN**  
STREET ADDRESS **122 MEDITERRANEAN AVE**  
CITY-ST-ZIP **PT. ST. LUCIE FL**

31 TITLE  
32 NAME  
33 STREET ADDRESS  
34 CITY-ST-ZIP

TITLE **DVP**  
NAME **MC CARTHY, PIERCE**  
STREET ADDRESS **3187 BEACH WINDS CT**  
CITY-ST-ZIP **MELBOURNE BEACH FL**

41 TITLE  
42 NAME  
43 STREET ADDRESS  
44 CITY-ST-ZIP

TITLE **D**  
NAME **STONE, ROSS**  
STREET ADDRESS **96 AQUA RA DRIVE**  
CITY-ST-ZIP **JENSEN BEACH FL**

51 TITLE  
52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

61 TITLE  
62 NAME  
63 STREET ADDRESS  
64 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 119.07(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 changed, or on an attachment with an address.

SIGNATURE: **NORMAN HODGES**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*[Signature]*

Date

Day/Time Phone #

**871-6584**

CR2E037 (12/95)