

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N48266

FILED  
Apr 29, 2006  
Secretary of State

Entity Name: FLEET RESERVE ASSOCIATION, BRANCH #91, INC.

**Current Principal Place of Business:**

5391 COLLINS RD  
JACKSONVILLE, FL 32244

**New Principal Place of Business:**

**Current Mailing Address:**

5391 COLLINS RD  
JACKSONVILLE, FL 32244

**New Mailing Address:**

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

THIES, JAMES R.  
PO BOX 815 -  
2223 ASTER ST M-12  
ORANGE PARK, FL 32073 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: SD ( ) Delete  
Name: RICHTER, TODD A  
Address: 5391 COLLINS RD  
City-St-Zip: JACKSONVILLE, FL 32244

Title: P ( ) Delete  
Name: ROBBINS, JAMES E  
Address: 5391 COLLINS RD  
City-St-Zip: JACKSONVILLE, FL 32244

Title: VD ( ) Delete  
Name: BAIR, LARRY  
Address: 5391 COLLINS RD  
City-St-Zip: JACKSONVILLE, FL 32244

Title: TD ( ) Delete  
Name: ANDREWS, FRANK M  
Address: 5391 COLLINS RD  
City-St-Zip: JACKSONVILLE, FL 32244

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: SD (X) Change ( ) Addition  
Name: RICHTER, TODD A  
Address: 3548 BARREL SPRINGS DR  
City-St-Zip: ORANGE PARK, FL 32073

Title: P (X) Change ( ) Addition  
Name: ROBBINS, JAMES E  
Address: 2712 HOLLY RIDGE DR  
City-St-Zip: ORANGE PARK, FL 32073

Title: VD (X) Change ( ) Addition  
Name: JOHNS, BOBBY  
Address: 5925 LONG BRANCH CEMETEERY  
City-St-Zip: JACKSONVILLE, FL 32244

Title: TD (X) Change ( ) Addition  
Name: ANDREWS, FRANK M  
Address: 5360 CHESTNUT LAKE DR  
City-St-Zip: JACKSONVILLE, FL 32258

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FRANK ANDREWS

TD

04/29/2006

Electronic Signature of Signing Officer or Director

Date