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Mar 06 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N94000001062 (8)**

1. Corporation Name

**DEFENSE EQUAL OPPORTUNITY MANAGEMENT INSTITUTE F
OUNDATION, INCORPORATED**

Principal Place of Business

Mailing Address

**DEOMI FOUNDATION
P.O. BOX 24367
PATRICK AFB FL 32925**

**DEOMI FOUNDATION
P.O. BOX 24367
PATRICK AFB FL 32925**

3. Date Incorporated or Qualified

03/03/1994

4. FEI Number

59-3299049

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21
Suite, Apt. #, etc.

26
Suite, Apt. #, etc.

22
City & State

27
City & State

23
Zip Country

28
Zip Country

5. Certificate of Status Desired

☐ **\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐ **\$5.00 May Be
Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MCCRORY, STEVEN A
2120 EMERALD CT.
MERRITT ISLAND FL 32953**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	ED	<input type="checkbox"/> DELETE
NAME	MCCRORY, STEVAN A	
STREET ADDRESS	2120 EMERALD CT	
CITY-ST-ZIP	MERRITT ISLAND FL	

TITLE	P	<input type="checkbox"/> DELETE
NAME	MARSHALL, RANDALL B	
STREET ADDRESS	PO BOX 1859	
CITY-ST-ZIP	TITUSVILLE FL	(N/A)

TITLE	VD	<input type="checkbox"/> DELETE
NAME	OULETTE, LANETTE	
STREET ADDRESS	110 TOMAHAWK DRIVE	
CITY-ST-ZIP	INDIAN HARBOUR BEACH FL 32937	

TITLE	VD	<input type="checkbox"/> DELETE
NAME	SANSOM, DIXIE	
STREET ADDRESS	PO BOX 372479 N/A	
CITY-ST-ZIP	SATELLITE BEACH FL 32937-0479	

TITLE	D	<input type="checkbox"/> DELETE
NAME	WILLIAMS, DONALD A SR	
STREET ADDRESS	PO BOX 540725	
CITY-ST-ZIP	MERRITT ISLAND FL	(N/A)

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SIMPSON, KAREN	
STREET ADDRESS	2010 BONITA AVE	
CITY-ST-ZIP	MELBOURNE BCH FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	EUGENE C. JOHNSON	
1.3 STREET ADDRESS	531 1st Ave	
1.4 CITY-ST-ZIP	SATELLITE BEACH, FL 32937	

2.1 TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	IRIS D. RIVERA	
2.3 STREET ADDRESS	960 OCEAN CIR. N.E.	
2.4 CITY-ST-ZIP	PALEMBAY, FL 32905	

3.1 TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Kelly Thayer	
3.3 STREET ADDRESS	821-D Mansville Dr	
3.4 CITY-ST-ZIP	INDIAN LANTIC, FL 32903	

4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		

5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. 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 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: Stevan A. Mccrory 27, 1998 (407) 784-1911

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