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**May 10, 1999 8:00 am**  
**Secretary of State**

05-10-1999 90243 013 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N94000001062**

1. Corporation Name  
**DEFENSE EQUAL OPPORTUNITY MANAGEMENT INSTITUTE FOUNDATION, INCORPORATED**

Principal Place of Business DEOMI FOUNDATION P.O. BOX 24367 PATRICK AFB FL 32925	Mailing Address DEOMI FOUNDATION P.O. BOX 24367 PATRICK AFB FL 32925
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5 3 7 9 4 5 \*  
 537945 - 90243 - 13



2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 03/03/1994
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-3299049
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
Zip 29	Country 30	

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name Kelly A. Trayer  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 83 1221 Rock Springs Dr.  
 84 City Melbourne FL 85 Zip Code 32940

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 *Kelly A. Trayer* DATE 29 Apr 99

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	JOHNSON, EUGENE C	
STREET ADDRESS	531 1ST AVE	
CITY-ST-ZIP	SATELLITE BEACH FL 32937	
TITLE	D	<input type="checkbox"/> DELETE
NAME	RIVERA, IRIG D	
STREET ADDRESS	960 BACON CIR NE	
CITY-ST-ZIP	PALM BAY FL 32905	
TITLE	D	<input type="checkbox"/> DELETE
NAME	THAYER, KELLY	
STREET ADDRESS	821 D MARSAILLE DR	
CITY-ST-ZIP	INDIALANTIC FL 32903	
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	P O BOX 540725 N/A	
CITY-ST-ZIP	MERRITT ISLAND FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Change	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	Change	Addition
2.2 NAME	Iris D. Rivera	
2.3 STREET ADDRESS	1900 Post Road #260	
2.4 CITY-ST-ZIP	Melbourne, FL 32935	
3.1 TITLE	Change	Addition
3.2 NAME	Kelly A. Trayer	
3.3 STREET ADDRESS	1221 Rock Springs Dr.	
3.4 CITY-ST-ZIP	Melbourne, FL 32940	
4.1 TITLE	Change	Addition
4.2 NAME	Dixie Sansom	
4.3 STREET ADDRESS	P.O. Box 267	
4.4 CITY-ST-ZIP	Cape Canaveral, FL 32920	
5.1 TITLE	Change	Addition
5.2 NAME	Donald A. Williams, Sr.	
5.3 STREET ADDRESS	P.O. Box 540725	
5.4 CITY-ST-ZIP	Merritt Island, FL 32954	
6.1 TITLE	Change	Addition
6.2 NAME	Eugene C. Johnson	
6.3 STREET ADDRESS	see attached sheet	
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 any attachment with an address, with all other like empowered.

SIGNATURE: *Kelly A. Trayer* DATE: 29 Apr 99 DAYTIME PHONE #: 407-494-9926

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

CR2E037 (11/98)

537745-90243-13  
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**Block #13 Additions/Changes to Officers and Directors in 12 (cont.)**

Title: Director Addition  
Name: Lanette H. Ouellette  
Street Address: 110 Tomahawk Dr.  
City, ST, Zip: Indian Harbor Beach, FL 32937

Title: Director Addition  
Name: Neal Johnson  
Street Address: 1030 S. US 1  
City, ST, Zip: Rockledge, FL 32955

Title: Director Addition  
Name: Pamela Hutchieson  
Street Address: 7667 N. Wickham Road #1317  
City, ST, Zip: Melbourne, FL 32940

Title: Director Addition  
Name: Rodney L. King  
Street Address: 2100 Highway A1A  
City, ST, Zip: Indian Harbour Beach, FL 32937

Title: Director Addition  
Name: Paul A. Mottola  
Street Address: 937 S. Patrick Dr.  
City, ST, Zip: Satellite Beach, FL 32937

Title: Director Addition  
Name: Dorothy Miles  
Street Address: 4795 Riverside Rd.  
City, ST, Zip: Melbourne, FL 32935