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2001 UNIFORM BUSINESS REPORT (UBR)

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changed, or on an attachment

SIGNATURE:

Apr 04, 2001 8:00 am Secretary of State 1. Entity Name DEFENSE EQUAL OPPORTUNITY MANAGEMENT INSTITUTE F 04-04-2001 90497 011 ****61.25 Principal Place of Business Mailing Address DEOMI FOUNDATION DEOM! FOUNDATION P.O. BOX 24367 P.O. BOX 24367 PATRICK AFB FL 32925 PATRICK AFB FL 32925 ncipal Place of Business 3. Mailing Address Foundation ヒのMI XOM1 O. Box DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For 59-3299049 atric k Not Applicable Zip \$8.75 Additional 5. Certificate of Status Desired 5a9a Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) THAYER, KELLY A 1221 ROCK SPRINGS DR **MELBOURNE FL 32940** City Zip Code FI 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. SIGNATURE Signature, typed or printed name of registered agent and title it applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be Trust Fund Contribution. FEE IS \$61.25 Added to Fees **Department of State** 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 Director Change TITLE ☐ Delete TITLE anette @ Overlette RANDALL, MARSHALL B JR. NAME NAME P.O. BOX 373136 STREET ADDRESS STREET ADDRESS 7omanawk SATELLITE BEACH FL 32937 CITY-ST-7IP CITY-ST-7IP Indian Harbo Director TITLE ☐ Delete TITLE JOHNSON, NEAL NAME NAMÉ BUI MOHOLA S. Patrick 1 308 LEE AVE. STREET ADDRESS STREET ADDRESS SATELLITE BEACH FL 32937 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Addition THAYER, KELLY A NAME NAME 0 Box 2540 1221 ROCK SPRINGS DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **MELBOURNE FL 32940** CITY-ST-ZIP TITLE Delete TITLE ☐ Addition SANSOM, DIXIE NAME PO BOX 267 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CAPE CANAVERAL FL 32920 CITY-ST-ZIP same TITLE Delete ☐ Change ☐ Addition WILLIAMS, DONALD A SR NAME STREET ADDRESS P O BOX 540725 N/A STREET ADDRESS CITY-ST-ZIP **MERRITT ISLAND FL 32954** CITY-ST-2IP TITLE Delete TITLE ☐ Change ☐ Addition KING, RODNEY L NAME NAME 2100 HWY. A1A STREET ADDRESS STREET ADDRESS CITY-ST-ZIP INDIAN HARBOR BEACH FL 32937 CITY-ST-ZIP 12. 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 report or supplemental 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 10 or Block 11 if