

2002 UNIFORM BUSINESS REPORT (UBR)

4/1

FILED
Jun 23, 2002 8:00 am
Secretary of State

04-11-2002 90665 050 ****61.25

DOCUMENT # N94000001062

1. Entity Name

DEFENSE EQUAL OPPORTUNITY MANAGEMENT INSTITUTE FOUNDATION, INCORPORATED

Principal Place of Business

Mailing Address

DEOMI FOUNDATION
P.O. BOX 254367
PATRICK AFB FL 32925

DEOMI FOUNDATION *Alumni Association*
P.O. BOX 254367
PATRICK AFB FL 32925

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3299049

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

THAYER, KELLY A
1221 ROCK SPRINGS DR
MELBOURNE FL 32940

7. Name and Address of New Registered Agent

Name

Dorothy M. Miles

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

4795 Riverside Road

City

Melbourne, FL

FL

Zip Code

32935

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **RANDALL, MARSHALL B JR.**
STREET ADDRESS **P.O. BOX 373136**
CITY-ST-ZIP **SATELLITE BEACH FL 32937**

TITLE **V** ☒ Delete
NAME **JOHNSON, NEAL**
STREET ADDRESS **308 LEE AVE.**
CITY-ST-ZIP **SATELLITE BEACH FL 32937**

TITLE **DST** ☐ Delete
NAME **THAYER, KELLY A**
STREET ADDRESS **1221 ROCK SPRINGS DR**
CITY-ST-ZIP **MELBOURNE FL 32940**

TITLE **VP** ☒ Delete
NAME **SANSOM, DIXIE**
STREET ADDRESS **PO BOX 267**
CITY-ST-ZIP **CAPE CANAVERAL FL 32920**

TITLE **D** ☐ Delete
NAME **MOTOLA, PAUL**
STREET ADDRESS **937 S PATRICK DR**
CITY-ST-ZIP **SATELLITE BEACH FL 32937**

TITLE **D** ☐ Delete
NAME **QUELLETTE, LANETTE**
STREET ADDRESS **110 TOMAHAWK DR**
CITY-ST-ZIP **INDIAN HARBOR BEACH FL 32937**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☒ Change ☐ Addition
NAME **Marshall B. Randall, Jr.**
STREET ADDRESS **P.O. Box 373136**
CITY-ST-ZIP **Satellite Beach, FL 32937**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **V** ☒ Change ☐ Addition
NAME **Kelly A. Thayer**
STREET ADDRESS **1221 Rock Springs Dr.**
CITY-ST-ZIP **Melbourne, FL 32940**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **P** ☒ Change ☐ Addition
NAME **Paul A. Motola**
STREET ADDRESS **937 S. Patrick Dr.**
CITY-ST-ZIP **Satellite Beach, FL 32937**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

[Signature]

321-494-6753

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CP2E037 (9/01)

36273
Attachment # N94000001062/ [REDACTED]

BLOCK 11 ADDITIONS TO OFFICERS AND DIRECTORS IN BLOCK 10

Title: Vice President Addition
Name: Donald Williams, Sr.
Street Address: P.O. Box 540725
City, State, Zip: Merritt Island, FL 32954

Title: Secretary/Treasurer Addition
Name: Dorothy M. Miles
Street Address: 4795 Riverside Road
City, State, Zip: Melbourne, FL 32935

~~Title: Director Addition~~
~~Name: Mark Metoyer~~
~~Street Address: 1276 Cypress Trace Dr.~~
~~City, State, Zip: Melbourne, FL 32940~~

Title: Director Addition
Name: Elena M. Flom
Street Address: 483 Barrello Lane
City, State, Zip: Cocoa Beach, FL 32931