## FILE NOW: FILING FEE IS \$61.25

**NONPROFIT** CORPORATION ANNUAL REPORT

1999



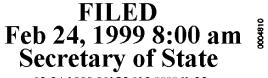
FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # N9500003481

UNITED STATES MARINE CORPS DRILL INSTRUCTORS ASS



02-24-1999 90175 012 \*\*\*\*61.25

OCIATIO	ON OF JACKSONVILLE, INC							
Principal Place of Business Mailing Address								
1621 EMERSO JACKSONVILLI		1621 EMERSON STR JACKSONVILLE FL 3						
2. Principal P	lace of Business	2a. Mailing Address				Date Incorporated or Qualifed	<del>-</del>	-
21		26				07/21/1995		
Suite, Apt.	#, etc.	Suite, Apt. #, etc	),			4. FEI Number	Ap	plied For
22		27				59-3323105		t Applicable
City & Sta	te	City & State				5. Certificate of Status Desired	\$8.75.4 Fee Re	
Zip	Country	Zip	Cou	intry		6. Election Campaign Financing	\$5.00	
24	25	29	30			Trust Fund Contribution	Added t	o Fees
	9. Name and Address of Curre	nt Registered Agent				10. Name and Address of New Registe	red Agent	
				81	Name			
PECK, HIRON				82	Street Addre	ess (P.O. Box Number is Not Acceptable)		
1621 EMERSON STREET								
JACKSONVILLE FL 32207				83				
				84	City		<b>85</b> Zip (	Code
: office or r	to the provisions of Sections 617.050 egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida, Such chapde v	was authorized	ז אמני	ne comonauor	ration submits this statement for the purpos n's board of directors. I hereby accept the a	e of changing its oppointment as re-	registered gistered
SIGNATURE			WOTE B. St. and		signature required	when reinstating) DATI		
12.	Signature, typed or printed name of registered age	nt and title if applicable.  ND DIRECTORS	(NOTE: Registered	Agent	ssgnature reduired	ADDITIONS/CHANGES TO OFFICERS		RS IN 12
TITLE	D/P	DELE		TLE			☐ Change	☐ Addition
NAME	PECK, HIRON H., JR.		1.2 N	AME				
STREET ADDRESS	1621 EMERSON STREET		1.3 ST	REET	ADDRESS			
CITY-ST-ZIP	JACKSONVILLE FL 32207		1.4 CI	TY-ST-	-ZIP	·		
TITLE	DV	☐ DELE					☐ Change	☐ Addition
NAME	MCGRANE, WILLIAM		2.2 N	AME				
STREET ADDRESS	3096 GORDON ST.		2.3 \$1	TREET	ADDRESS			
CITY-ST-ZIP	ORANGE PARK FL		2.40	ATY-ST	r-ZiP			
TITLE	D/S	DELE	TE 3.1 TT	TLE			☐ Change	- Addition
NAME	HUX, WILLIAM		3.2 N	AMÉ				
STREET ADDRESS	71,70 7 4112 1 2 10 2		3.3 \$1	TREET	ADDRESS			
CITY+ST-ZIP	JACKSONVILLE FL 32223			ITY-ST	r-zip		☐ Change	☐ Addition
TITLE	D/T	☐ DELĒ	1				□t cusuge	☐ Addition
NAME	LEIGH, SANFORD		4. 2 N					
STREET ADDRESS	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				ADDRESS			
CITY-ST-ZIP	JACKSONVILLE FL 32207	☐ DELE		TY-ST-	-ZIP		Change	Addition
TITLE		□ pere	TE 5.1 TI 5.2 N					
NAME					ADDRESS			
STREET ADDRESS				TY-\$7-				
CITY-ST-ZIP		☐ DELE					Change	☐ Addition
TITLE		ے کردد	6.2 N					
NAME					ADDRESS			
STREET ADDRESS			Ĭ	ITY-ST				
CITY-ST-ZIP	i i		0.4 0		- 1,			

CITY-ST-ZIP 14. 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 suppliemental annual report is true and occurate 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 of the receiver of trustee enforcer 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 with all other like empowered.

SIGNATURE: