FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

N95000006013 (5) DOCUMENT

COMBINED FORCES U.S. NAVY ASIATIC FLEET 1910-194

FILED Jun 16 1997 8:00am Secretary of State



Principal Place of Business Mailing Address					•	f ibacijs) ale laidi distranții antii a	NIS ALISI BI	IIID BREIT BBERT I	inna rus täät
4114 NARVAREZ WAY SOUTH ST. PETERSBURG FL 33712		4114 NARVAREZ WAY SOUTH ST. PETERSBURG FL 33712-4037							
						3. Date Incorporated or Qualified 12/21/1995	3a . D	ate of Last R 07/30/199	eport 96
2. Principal F	Place of Business	2a. Mailing Address 26			4. FEI Number 59-3358068	Applied For Not Applicable			
Sulte, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required			
22 City & State		City & State						 -	
23		28			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees				
Zip	Country	Zip Country			8. This corporation has liability for i			*	
24	25	29	30			Florida Statutes	Florida Statutes Yes No		
	9. Name and Address of Curren	t Registered Agent				10. Name and Address of New Re	sistered	Agent	
				81	Name				
	, CHRISTNER, JR. P.A.			82	Street Add	Address (P.O. Box Number is Not Acceptable)			
401 SEC SUITE 2	COND ST., EAST								
	ROCKS BEACH FL 34635			84	City			85 Zip (Code
					·		FL	. 1	
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: F 12. OFFICERS AND DIRECTORS				egistered Agent signature require		red when reinslating) ADDITIONS/CHANGES TO OFFIC	DATE FRS ANI	DIRECTOR	S IN 12
TITLE	PD	DELETE		1.1 TITLE		ASSITISTICAL PROPERTY OF THE		Change	Addition
NAME	SLAUGHTER, JOHN		1.2 N/	1.2 NAME					
STREET ADDRESS	3801 CANTERBURY RD., UNI	Г 812	1.3 \$		ADDRESS				
CITY-ST-ZIP	BALTIMORE MD 23218		1.4 CI	TY-\$1	r-zip				
TITLE	SD DELETE			2.1 TITLE				☐ Change	☐ Addition
NAME	ASHE, WALTER		2.2 NAI						
STREET ADDRESS	40 SHOREWOOD DR. ASHEVILLE NC 28804				ADDRESS .				
CITY-ST-ZIP TITLE	TD	DELETE	2 4 C	_	1-EIP			Change	☐ Addition
NAME	ANKERBERG, CHARLES W		- 1	3.2 NAME					
STREET ADDRESS	4114 NARVAREZ WAY SOUTH		4	3.3 STREET ADDRESS					
CITY-ST-ZIP	ST. PETERSBURG FL 33712	ERSBURG FL 33712 3.4		ITY - S	1-ZIP				
TITLE		☐ DELETE	4.1 TI	TLE				Change	Addition
NAME			4.2 N	AME	1				
STREET ADDRESS			- 1		ADDRESS				
CITY-ST-ZIP		☐ DELETE		TY-SI	- ZIP			Change	Addition
TITLE NAME		LI DELETE	5.1 TII 5.2 NA					L Change	☐ Addition
STREET ADDRESS	1				ADDRESS				}
CITY-ST-ZIP			5.4 CI						
TITLE		☐ DELETE	6.1 T/		- EII			Change	Addition
NAME		_	6.2 NA					_ •	
STREET ADDRESS	1		ı		address				}
CITY-ST-ZIP	1		6.4 CI		ĺ				

14. I do 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