2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2007
Secretary of State

DOCUMENT# N96000000683

Entity Name: ENLISTED NATIONAL GUARD ASSOCIATION OF FLORIDA, INC.

Current Principal Place of Business:

ENGAF
ST AUGUSTINE, FL 320851008

New Principal Place of Business:

ENGAF
82 MARINE STREET
ST AUGUSTINE, FL 32084

Current Mailing Address:

P O BOX 3446
ST AUGUSTINE, FL 320853446

New Mailing Address:

PO BOX 3446
ST AUGUSTINE, FL 32085

FEI Number: 59-3381026 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PAUL, MARY
PO BOX 3446
SAINT AUGUSTINE, FL 32085 US

Name and Address of New Registered Agent:

PAUL, MARY
82 MARINE STREET
SAINT AUGUSTINE, FL 32084 US

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: _____ 02/05/2007
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: WINGARD, GARY
Address: 1693 BRIAN WAY
City-St-Zip: ST AUGUSTINE, FL 32084

Title: VD ( ) Delete
Name: WINGARD, CAROLYN
Address: 1693 BRIAN WAY
City-St-Zip: ST AUGUSTINE, FL 32084

Title: VD ( ) Delete
Name: SHERWOOD, GRETCHEN
Address: 228 WEST 68TH ST
City-St-Zip: JACKSONVILLE, FL 32208

Title: D ( ) Delete
Name: PAUL, MARY
Address: PO BOX 3446
City-St-Zip: SAINT AUGUSTINE, FL 32085

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: DUMAS, LEIGH
Address: 82 MARINE STREET
City-St-Zip: ST AUGUSTINE, FL 32084

Title: VD (X) Change ( ) Addition
Name: ANGEL, GOMEZ
Address: 82 MARINE STREET
City-St-Zip: ST AUGUSTINE, FL 32084

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: PAUL, MARY
Address: 82 MARINE STREET
City-St-Zip: SAINT AUGUSTINE, FL 32085

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARY PAUL D 02/05/2007
Electronic Signature of Signing Officer or Director — Date