FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Feb 03 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

SIGNATURE:

N96000004610 (9)

NORTH FLORIDA MILITARY OFFICIALS ASSOCIATION, IN C.

Principal Place of Business Mailing Address					
Frincipai Flace	a Ot DOSITIONS	Maning Address			
FLEET RESERVE CLUB OF JACKSONVILLE		FLEET RESERVE CLUB OF JACKSONVILLE 5391 COLLINS HOAD			
5391 COLLINS ROAD					
JACKSONVILLE	FL 32244	JACKSONVILLE FL 32244-530	,D	3. Date Incorporated or Qualified 09/03/1996	3a. Date of Last Report
2. Principal Pl	lace of Business	2a. Mailing Address	······································	4. FEI Number	Applied For
21		26		59-3051939	Not Applicable
Suite, Apt. #, etc		Suite, Apt. #, etc.			- \$9.75 Additional
22		27		Certificate of Status Desired	Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zıp	Country	8. This corporation has liability for in	tangible tax under s. 199.032,
24	[25]		30		Yes No
	9. Name and Address of Curre	nt Registered Agent	5-1 ::	10. Name and Address of New Reg	lstered Agent
			81 Name	hillips, George M.	
SAULS, AUBREY P			82 Street	Address (P.O. Box Number is Not Acceptable	e)
1761 PAPAYA DRIVE WEST				738 Lawnview Street	
ORANGE	PARK FL 32073		83		
			84 City		- 85 Zip Code
			J	acksonville	FL 32205
11. Pursuant	to the provisions of Sections 617.050	22 and 617 1508, Florida Statute	e the phous parace	corneration cultimits this statement for the pu	rpose of changing its registered
agent. La	m familiar with mid accept the oblig	ations of Seption 617.0503, Flor	rida Statutes.	poration's board of directors. I hereby accept	the appointment as registered
SIGNATURE	· Me	// W/ //// \\			1/24/97
	Signature, typed or printed name of registered ag	ent and lide if policable (NOTE	Registered Agent signature	illips. President e required when reinstating)	DATE
12.		ID DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICE	
TITLE	PD	☐ DELETE	1.1 TITLE	PD	Change Addition
NAME	SAULS, AUBREY P		1.2 NAME	Phillips, George M.	
STREET ADDRESS	1761 PAPAYA DR. WEST		1.3 STREET ADDRESS	4738 Lawnview Street	•
CITY-ST-ZIP	ORANGE PARK FL 32073		1.4 CITY-ST-ZIP	Jacksonville, FL 3220	5
TITLE	VPD	☐ DELETE	2.1 TITLE	VPD	Change Addition
NAME	PHILLIPS, GEORGE M		2.2 NAME	Marsh, Joseph	
STREET ADDRESS	4738 LAWNVIEW ST.		2.3 STREET ADDRESS	2894 Gatling Boulevard	
CITY-ST-ZIP	JACKSONVILLE FL 32205		2. 4 CITY-ST-ZIP	Orange Park, FL 3206	
TITLE	STD	☐ DELETE	3.1 TITLE		Change Addition
NAME	BOOKER, DOUGLAS D		3.2 NAME		
STREET ADDRESS	2933 WEST FOURTH ST.		3.3 STREET ADDRESS		
City - St - Zip	JACKSONVILLE FL 32254-242		3.4. CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE	D	Change Addition
NAME	BALDWIN, RUEL H		4. 2 NAME	Bell, Terry	
STREET ADDRESS	6476 FIRESTONE RD		4.3 STREET ADDRESS	2604 Scout Ridge Court	
CITY-ST-ZIP	JACKSONVILLE FL 32244		4.4 CITY-ST-ZIP	Orange Park, FL 3206	5
TITLE	D	DELETE	5.1 TITLE	D	Change Addition
NAME	ARCHIE, CHARLES L		5.2 NAME	Mullen, Dennis	
STREET ADDRESS	6234 THUMPER ST.		5 3 STREET ADDRESS	2250 Sandy Court	
CITY-ST ZIF	JACKSONVILLE FL 32210		5.4 CITY-ST-ZIP	Orange Park, FL 3207	3
TITLE		DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY - ST - ZIP		

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 if changed, or on an attachment with an address.