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FILED  
Feb 19 1998 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N96000004610 (9)

1. Corporation Name

NORTH FLORIDA MILITARY OFFICIALS ASSOCIATION, INC.  
C.



Principal Place of Business

Mailing Address

FLEET RESERVE CLUB OF JACKSONVILLE  
5391 COLLINS ROAD  
JACKSONVILLE FL 32244

FLEET RESERVE CLUB OF JACKSONVILLE  
5391 COLLINS ROAD  
JACKSONVILLE FL 32244

3. Date Incorporated or Qualified

09/03/1996

4. FEI Number

59-3051939

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26 c/o 2933 W. 4th Street

Suite, Apt. #, etc.

22

City & State

27

City & State

23

28 Jacksonville, FL

Zip

Country

29

Zip

Country

24

25

30 32254-242

USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PHILLIPS, GEORGE M  
4738 LAWNVIEW ST  
JACKSONVILLE FL 32205

81 Name

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

83

84 City

FL

85 Zip Code

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: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD  
NAME SAULS, AUBREY P  
STREET ADDRESS 1761 PAPAYA DR. WEST  
CITY-ST-ZIP ORANGE PARK FL 32073  
☐ DELETE

1.1 TITLE D  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
☒ Change ☐ Addition

TITLE PD  
NAME PHILLIPS, GEORGE M  
STREET ADDRESS 4738 LAWNVIEW ST.  
CITY-ST-ZIP JACKSONVILLE FL  
☐ DELETE

2.1 TITLE VD  
2.2 NAME BAILEY, Dennis  
2.3 STREET ADDRESS 3249 Bass Ct.  
2.4 CITY-ST-ZIP Green Cove Springs, FL 32043  
☐ Change ☒ Addition

TITLE STD  
NAME BOOKER, DOUGLAS D  
STREET ADDRESS 2933 WEST FOURTH ST.  
CITY-ST-ZIP JACKSONVILLE FL 32254-2420  
☐ DELETE

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE D  
NAME BALDWIN, RUEL H  
STREET ADDRESS 6476 FIRESTONE RD  
CITY-ST-ZIP JACKSONVILLE FL 32244  
☒ DELETE

4.1 TITLE D  
4.2 NAME VERVYNCK, TERRY W.  
4.3 STREET ADDRESS 2299 S. Constitution Dr.  
4.4 CITY-ST-ZIP Orange Park FL 32073  
☐ Change ☒ Addition

TITLE D  
NAME ARCHIE, CHARLES L  
STREET ADDRESS 6234 THUMPER ST.  
CITY-ST-ZIP JACKSONVILLE FL 32210  
☒ DELETE

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE VPD  
NAME MARSH, JOSEPH  
STREET ADDRESS 2894 GATLING BLVD  
CITY-ST-ZIP ORANGE PARK FL  
☒ DELETE

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP  
☐ Change ☐ Addition

14. 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 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.

SIGNATURE

*Douglas D. Booker* Douglas D. Booker 2/16/98

CR2E037 (10/97)