

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Mar 10, 1999 8:00 am**  
**Secretary of State**

03-10-1999 90064 019 \*\*\*\*61.25

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**DOCUMENT # N96000004610**

1. Corporation Name

**NORTH FLORIDA MILITARY OFFICIALS ASSOCIATION, IN  
C.**

Principal Place of Business

**FLEET RESERVE CLUB OF JACKSONVILLE  
5391 COLLINS ROAD  
JACKSONVILLE FL 32244**

Mailing Address

**C/O 2933 W 4TH ST  
JACKSONVILLE FL 32254-420  
US**



2. Principal Place of Business

**21** Suite, Apt. #, etc.

**23** City & State

**24** Zip **25** Country

2a. Mailing Address

**26** Suite, Apt. #, etc.

**27** City & State

**28** Zip **29** Country **30**

3. Date Incorporated or Qualified

**09/03/1996**

4. FEI Number

**59-3051939**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

9. Name and Address of Current Registered Agent

**PHILLIPS, GEORGE M  
4738 LAWNVIEW ST  
JACKSONVILLE FL 32205**

10. Name and Address of New Registered Agent

**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

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

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

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

TITLE **VD** ☒ DELETE  
NAME **BAILEY, DENNIS**  
STREET ADDRESS **3249 BASS CT**  
CITY-ST-ZIP **GREEN COVE SPGS FL 32043**

TITLE **D** ☐ DELETE  
NAME **VERVYNCK, TERRY W**  
STREET ADDRESS **2299 S CONSTITUTION DR**  
CITY-ST-ZIP **ORANGE PARK FL 32073**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **VD** ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☒ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☒ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

**1248 Summerfield Ct.  
Orange Park, FL 32073**

**D  
Dennis Mullen  
2250 Sandy Ct.  
Orange Park, FL 32073**

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(5)(f), 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, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

99MAR01

Date

(904) 783-8948

Daytime Phone #

CR2E037 (11/98)