FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION **ANNUAL REPORT**

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # N9700004296

1. Corporation Name

FLORIDA MILITARY SUPPORT ASSOCIATION, INC.

Principal Place of Business

Mailing Address

144 CHIPPEWA AVE TAMPA FL 33606

144 CHIPPEWA AVE TAMPA FL 33606

Apr 01, 1999 8:00 am § Secretary of State

04-01-1999 90028 003 ****61.25

						T 1801/161 819 1911) 18541 8541 99114 89111 98111 98111 91119 11919 9111 9111			
Principal Place of Business			2a. Mailing Address			3. Date Incorporated or Qualifed 07/28/1997			
Suite, Apt. #, etc.		# ote	26 Sulte Apt. #, etc.		: ren				
 		w, etc.	¬ '' ''			65-0836835 Applied For Not Applicable			
22			City & State			\$8.75 Additional			
City & State		3	28	٦ `		5. Certificate of Status Desired Fee Required			
23	Zip Country		Zip	Zip Country		6. Election Campaign Financing 55.00 May Be			
-	Zip		29 . 3	_ ´		Trust Fund Contribution Added to Fees			
24	 -	9. Name and Address of Current	<u> </u>	<u> </u>		10. Name and Address of New Registered Agent			
			Kegistered Agent	81	Name				
		1		L					
		WILLIAM L 💎 📜 🗆 🕕		82	82 Street Address (P.O. Box Number is Not Acceptable)				
		135 DRIVE		83					
	PINECRES	T FL 33156		63		_			
				84	1 7	FL 85 Zip Code			
11	Pursuant 1	to the provisions of Sections 617.0502	and 617.1508, Florida Statutes	, the abov	e-named co	proporation submits this statement for the purpose of changing its registered			
	office or re	egistered agent, or both, in the State of m familiar with, and accept the obligation	r Fiorida. Such change was auti	nonzeu by	the corpora	ation's board of directors. I hereby accept the appointment as registered			
SI	GNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: R	egistered Age	nt signature requ	uired when reinstating) DATE			
12		OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
7777	E	DL	☐ DELETE	1,1 TITLE		Change Addition			
NAI	JE.	WILHITE, ROBERT		1.2 NAME					
l	REET ADDRESS	144 CHIPPEWA AVE		1.3 STREE	TADDRESS				
l	ľ	TAMPA FL 33606		1.4 CITY-5	ST-7IP	•			
7111	Y-ST-ZIP	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition			
NAI	1	BLUDWORTH, DAVID		2.2 NAME					
		ALCO MEDIMAN DIDOLE			T ADDRESS				
1 .	REET ADDRESS		and the second of the second	2. 4 CITY-	-1"	क्षेत्रक प्रकार के प्रकार के क्षेत्रकार के क्ष्रकार के क्ष्रकार के प्रकार के प्रकार के प्रकार के प्रकार के क्ष			
	Y-ST-ZIP	LAKE WORTH FL 33467	☐ DELETE	3.1 TITLE	51-ZIP	☐ Change ☐ Addition			
TIT		D DAVID C		3.2 NAME	.	_ • _			
NA		BINNIE, DAVID G			TADDOTES				
	REET ADDRESS	P O BOX 3408 ((N/A))			TADDRESS				
-	Y-ST-ZIP	TAMPA FL 33601	DELETE	3.4. CITY-	SI-ZIP	☐ Change ☐ Addition			
ш		D	No pereie	4.1 TITLE	. 1				
NA		ADAMS, BEN W		4. 2 NAME		•			
STE	REET ADDRESS	P O BOX 1008 N/A			T ADDRESS				
_	Y-ST-ZIP	ST AUGUSTINE FL 32085-1008	<u> </u>	4.4 CITY-5	ST-ZIP	☐ Change ☐ Addition			
गा	LE	D	☐ DELETE	5.1 TITLE		□ Clarige □ Addigon			
NA		GARRETT, HERMAN W		5.2 NAME					
STI	REET ADDRESS	P O BOX 362272 N/A			TADORESS				
сп	Y-ST-ZIP	MELBOURNE FL 32936	<u> </u>	5.4 CITY-5	ST-ZIP				
TIT	ŲĒ ;	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition			
	ME	BUSH, RONALD		6.2 NAME					
STI	REET ADDRESS	100 S ASHLEY DR STE 2100		6.3 STREE	ET ADDRESS				
ľ	Y-ST-ZIP	TAMPA FL 33602-5360		6.4 CITY-5	ST-ZIP				

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 of 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: