

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 08, 2004 08:00 AM
Secretary of State

DOCUMENT # N97000004296

1. Entity Name

FLORIDA MILITARY SUPPORT ASSOCIATION, INC.



Principal Place of Business

144 CHIPPEWA AVE
TAMPA FL 33606

Mailing Address

144 CHIPPEWA AVE
TAMPA FL 33606

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0836835

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WILHITE, ROBERT
144 CHIPPEWA AVE
TAMPA FL 33606

Name

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

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	DC	<input type="checkbox"/> Delete
NAME	WILHITE, ROBERT	
STREET ADDRESS	144 CHIPPEWA AVE	
CITY - ST - ZIP	TAMPA FL 33606	
TITLE	D	<input type="checkbox"/> Delete
NAME	BINNIE, DAVID G	
STREET ADDRESS	P O BOX 3408 ((N/A))	
CITY - ST - ZIP	TAMPA FL 33601	
TITLE	D	<input type="checkbox"/> Delete
NAME	GARRETT, HERMAN W	
STREET ADDRESS	P O BOX 362272 N/A	
CITY - ST - ZIP	MELBOURNE FL 32936	
TITLE	D	<input type="checkbox"/> Delete
NAME	HALL, JANICE	
STREET ADDRESS	6161 SAUFLEY PINES RD	
CITY - ST - ZIP	PENSACOLA FL 32526	
TITLE	ST	<input type="checkbox"/> Delete
NAME	SCHAETZL, ROBERT J	
STREET ADDRESS	2539 SE 35TH ST	
CITY - ST - ZIP	OCALA FL 34471-6165	
TITLE	D	<input type="checkbox"/> Delete
NAME	BLUDWORTH, DAVID H	
STREET ADDRESS	3106 MEDINALI CIR W	
CITY - ST - ZIP	LAKE WORTH FL 33467-1307	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	000000081816	
CITY - ST - ZIP	03/08/04-80163-021 70.00	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE: *Robert T. Wilhite* **ROBERT T. WILHITE, Chairman** 5/18/04 803-380-4002