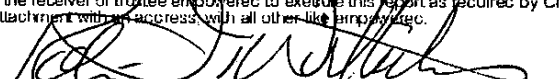


FILED
May 02, 2005 8:00 am
Secretary of State

[illegible]

DOCUMENT # N97000004296				05-02-2005 90470 015 *****70.00	
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	
				5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WILHITE, ROBERT 144 CHIPPEWA AVE TAMPA, FL 33606				7. Name and Address of New Registered Agent	
				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 of officer or director or agent or agent in fact (delete as appropriate) (NOT for Registered Agent Signature and address when changing) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2005		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	☐ Delete			
NAME	WILHITE, ROBERT				
STREET ADDRESS	144 CHIPPEWA AVE				
CITY-STATE-ZIP	TAMPA, FL 33606				
TITLE	D	☐ Delete			
NAME	BINNIE, DAVID G				
STREET ADDRESS	P O BOX 3408 ((N/A))				
CITY-STATE-ZIP	TAMPA, FL 33601				
TITLE	D	☐ Delete			
NAME	GARRETT, HERMAN W				
STREET ADDRESS	P O BOX 362272 N/A				
CITY-STATE-ZIP	MELBOURNE, FL 32936				
TITLE	D	☐ Delete			
NAME	HALL, JANICE				
STREET ADDRESS	6161 SAUFLEY PINES RD				
CITY-STATE-ZIP	PENSACOLA, FL 32526				
TITLE	ST	☒ Delete			
NAME	SCHAETZL, ROBERT J				
STREET ADDRESS	2539 SE 35TH ST				
CITY-STATE-ZIP	OCALA, FL 344716165				
TITLE	D	☐ Delete			
NAME	BLUDWORTH, DAVID H				
STREET ADDRESS	3106 MEDINALI CIR W				
CITY-STATE-ZIP	LAKE WORTH, FL 334671307				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE	ST	☐ Change ☒ Addition			
NAME	NORMAN T. HAINES				
STREET ADDRESS	4511 WATROUS AVE.				
CITY-STATE-ZIP	TAMPA, FL 33629				
TITLE		☐ Change ☐ Addition			
NAME					
STREET ADDRESS					
CITY-STATE-ZIP					
TITLE		☐ Change ☐ Addition			
NAME					
STREET ADDRESS					
CITY-STATE-ZIP					
TITLE		☐ Change ☐ Addition			
NAME					
STREET ADDRESS					
CITY-STATE-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 without access with all other like employees.					
SIGNATURE:  25 April 2005 813-380-4002					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					