

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2006 8:00 am**  
**Secretary of State**

04-28-2006 90212 010 \*\*\*\*78.75

**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

40063241



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04242006 Chg-NP CR2E037 (11/05)

City & State

City & State

4. FEI Number  
65-0836835

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

**Filing Fee is \$61.25  
Due by May 1, 2006**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE DC ☐ Delete  
NAME WILHITE, ROBERT  
STREET ADDRESS 144 CHIPPEWA AVE  
CITY-ST-ZIP TAMPA, FL 33606

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME BINNIE, DAVID G  
STREET ADDRESS P O BOX 3408 ((N/A))  
CITY-ST-ZIP TAMPA, FL 33601

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME GARRETT, HERMAN W  
STREET ADDRESS P O BOX 362272 N/A  
CITY-ST-ZIP MELBOURNE, FL 32936

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME HALL, JANICE  
STREET ADDRESS 6161 SAUFLEY PINES RD  
CITY-ST-ZIP PENSACOLA, FL 32526

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ST ☐ Delete  
NAME HAINES, NORMAN T  
STREET ADDRESS 4511 WATROUS AVE  
CITY-ST-ZIP TAMPA, FL 33629

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME BLUDWORTH, DAVID H  
STREET ADDRESS 3106 MEDINALI CIR W  
CITY-ST-ZIP LAKE WORTH, FL 334671307

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERT T. WILHITE

Date

Daytime Phone #

23 Apr '06 2514606