

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 04, 1999 8:00 am**  
**Secretary of State**

03-04-1999 90226 040 \*\*\*\*61.25

0076009

**DOCUMENT # N98000002346**

1. Corporation Name

**ST. AUGUSTINE BRANCH NO. 25 FLEET RESERVE ASSOCIATION, INC.**

Principal Place of Business

2831 N 8TH STREET  
ST. AUGUSTINE FL 32095

Mailing Address

2831 N 8TH STREET  
ST. AUGUSTINE FL 32095



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

**04/17/1998**

4. FEI Number

59-3446468

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

**BLUE, DARRELL I**  
**2831 N 8TH STREET**  
**ST. AUGUSTINE FL 32095**

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 **BLUE, DARRELL I**  
STREET ADDRESS **2831 N 8TH STREET**  
CITY-ST-ZIP **ST. AUGUSTINE FL 32095**

TITLE **D** ☒ DELETE

NAME **DUPONT, FRED**  
STREET ADDRESS **602 23RD STREET**  
CITY-ST-ZIP **ST. AUGUSTINE FL 32095**

TITLE **D** ☐ DELETE

NAME **PIPERNO, CYNTHIA**  
STREET ADDRESS **13 CLARK LANE**  
CITY-ST-ZIP **PALM COAST FL 32137**

TITLE **D** ☐ DELETE

NAME **MACDONALD, KEVIN J**  
STREET ADDRESS **229 KINGSTON DRIVE**  
CITY-ST-ZIP **ST. AUGUSTINE FL 32095**

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE **D** ☒ Change ☐ Addition

2.2 NAME **Edward R. Stuart, Jr**  
2.3 STREET ADDRESS **104 Drake Road**  
2.4 CITY-ST-ZIP **St. Augustine, FL 32086**

3.1 TITLE **D** ☒ Change ☐ Addition

3.2 NAME **Donald R. Gray**  
3.3 STREET ADDRESS **112 Jupiter Road**  
3.4 CITY-ST-ZIP **St. Augustine, FL 32086**

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

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 or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 43 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE: Darrell I. Blue**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/8/99

Date

(904) 829-6346

Daytime Phone #

CR2E037 (11/98)