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 # N9800007360

THE 325 SECURITY FORCES TOP 4 COMMITTEE INC.

Principal Place of Business	Mailing Address				
515 SUWANNEE AVE	515 SUWANNEE AVE				
I TVAIDALL AED EL 22402	TYMDALL AER EL 2240				

FILED Mar 01, 1999 8:00 am Secretary of State 03-01-1999 90225 035 ****70.00

Principal Place	of Business	Mailing Addre	SS			l					
515 SUWANNEE TYNDALL AFB F											
2. Principal Pla	ace of Business	2a. Mailing Ad	Idress				3. Date Incorporated or Qualifed				
21		26					12/29/1998				
Suite, Apt. 1	#, etc.	Suite, Apt.	#, etc.				4. FEI Number			olied For	
22		27					59-3552035			Applicable	
City & State	•	City & Sta	te				5. Certifcate of Status Desired	\$	8.75 A Fee Red	dditionai — ~	
23 Zin	Country	28 Zip		Country			6 Floring Compaign Financing			 .	
Zip	·	<u> </u>	30	oouria ,	•		Election Campaign Financing Trust Fund Contribution		55.00 1 Added to		
24	9. Name and Address of Current	29		-			10. Name and Address of New Register				
	3. Name and Address of Current	. Registered Ager		81	Name		The state of the s				
				L							
FERN, LAW				82	Street A	Addres	ss (P.O. Box Number is Not Acceptable)				
515 SUWA	NNEE AVE NFB FL 32403			83	1	-					
I TNUALL A	RFB FL 32403			84	Oite		<u> </u>	85	Zip C	'ode	
							F	L	1		
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: Regis	tered Age	nt signature re	equired w	when reinstating) DATE				
12.	OFFICERS AND	DIRECTORS		13.			ADDITIONS/CHANGES TO OFFICERS				
TITLE			DELETE	.1 TITLE		$\mathbf{p}/1$			Change	Addition	
NAME				1.2 NAME	Ì		ian G. Robinson				
STREET ADDRESS			1	1.3 STREE	TADDRESS		38-A Eagle Dr				
CITY-ST-ZIP		<u></u>		1.4 CITY-8	ST-ZIP	1y D7	ndall AFB, FL 32403-42		Change	[] Addition	
TITLE		L		2.1 TITLE		-,	v tchell T. Sellner	Ш	Change	Addition	
NAME				2.2 NAME			19 Pitsenbarger Ct				
STREET ADDRESS			1		TADDRESS		ndall AFB., Fl., 32403-	4212			
CITY-ST-ZIP				2.4 CITY- 3.1 TITLE	ST-ZIP				Change -	Addition	
TITLE				3.2 NAME			LE E. SCHWEINSBERG D/S	_	•		
NAME			1		T ADDRESS		04 B Beacon Beach	2			
STREET ADDRESS				3.4. CITY-	1	Ту	ndall AFB F1. 32403-421	2			
CITY-ST-ZIP TITLE				4.1 TITLE	31-25	D /	m		Change	Addition	
NAME		_	i i	4. 2 NAME	.	D/ L	awrence J. Fern		•		
STREET ADDRESS				4.3 STREE	T ADDRESS		0130 Deep Springs Rd				
CITY-ST-ZIP				4.4 CITY-5			ountain, F1., 32438				
TITLE	-			5.1 TITLE	-				Change	☐ Addition	
NAME				5.2 NAME							
STREET ADDRESS			į,	5.3 STREE	T ADDRESS						
CITY-ST-ZIP				5.4 CITY-1	ST-ŽIP						
TITLE			DELETE	6.1 TITLE					Change	Addition	
NAME		_	li i	6.2 NAME	ļ						
STREET ADDRESS			Į,	6.3 STREE	T ADDRESS						
CITY, ST. ZIP				6.4 CITY-							

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 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

850-283-2612