



# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 14, 2005 8:00 am**  
**Secretary of State**

04-14-2005 90092 048 \*\*\*\*61.25

<b>DOCUMENT # N98000007360</b>					
<b>1. Entity Name</b> 325TH SECURITY FORCES SQUADRON DEFENDERS CLUB INC.					
<b>Principal Place of Business</b> 515 SUWANNEE AVE TYNDALL AFB, FL 32403			<b>Mailing Address</b> 515 SUWANNEE AVE TYNDALL AFB, FL 32403		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02182005 Chg-NP CR2E037 (10/03)	
City & State		City & State		<b>4. FEI Number</b> 59-3552035	
Zip		Country		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> DAMME, PETER VAN 515 SUWANNEE RD TYNDALL AFB, FL 32403			<b>7. Name and Address of New Registered Agent</b> Name <u>Miguel J. Jimenez</u> Street Address (P.O. Box Number is Not Acceptable) <u>515 Suwannee Rd</u> City <u>Tyndall AFB</u> <u>FL</u> Zip Code <u>32403</u>		
<b>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.</b>					
SIGNATURE <u>Miguel J. Jimenez</u>		SSgt Jimenez, Miguel J.		18FEB05	
Filing Fee is \$61.25 Due by May 1, 2005		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP IKANHANS, LARRY D 515 SUWANNE RD. TYNDELL AFB, FL 32403	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Miguel J. Jimenez 515 Suwannee Rd. Tyndall AFB, FL 32403	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VAN DAMME, PETER R 515 SUWANNE DR. PANAMA CITY, FL 32403	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV Jamie R. Patton 515 Suwannee Rd. Tyndall AFB, FL 32403	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT LANE, SHANIKA 515 SUWANNE RD. PANAMA CITY, FL 32403	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT Jonathan Brunelle 515 Suwannee Rd. Tyndall AFB, FL 32403	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS MITCHELL, TANYA 515 SUWANNE RD. PANAMA CITY, FL 32403	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS Nicole Willems 515 Suwannee Rd. Tyndall AFB, FL 32403	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>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.</b>					
SIGNATURE: <u>Miguel J. Jimenez</u>		MIGUEL J. JIMENEZ		2-18-05 850-283-9900	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	