2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 25, 2006 8:00 am
Secretary of State
08-25-2006 90002 008 ****61.25

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1. Entity Name
325TH SECURITY FORCES SQUADRON DEFENDERS CLUB INC.

JUU26293

Principal Place of Business	Mailing Address
515 SUWANNEE AVE TYNDALL AFB, FL 32403	515 SUWANNEE AVE TYNDALL AFB, FL 32403

08142006 Chg-NP CR2E037 (4/06)

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 59-3552035 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

JIMENEZ, MIGUEL J
515 SUWANNEE RD
TYNDALL AFB, FL 32403

7. Name and Address of New Registered Agent

Name: Carroll - Tracey J
Street Address (P.O. Box Number is Not Acceptable): 515 Suwannee RD
City: Tyndall AFB **FL** Zip Code: 32403

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 _____ 15 Aug 06
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 September 6, 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	DP JIMENEZ, MIGUEL J 515 SUWANNE RD. TYNDELL AFB, FL 32403	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP Wells, Sean M 515 Suwannee RD Tyndall AFB Fl 32404	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV PATTON, JAMIE R 515 SUWANNE DR. PANAMA CITY, FL 32403	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV Carroll Tracey J 515 Suwannee RD Tyndall AFB Fl 32404	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT BRUNELLE, JONATHAN 515 SUWANNE RD. PANAMA CITY, FL 32403	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT Martin, Gordon 515 Suwannee RD Tyndall AFB Fl 32404	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS WILLIAMS, NICOLE 515 SUWANNE RD. PANAMA CITY, FL 32403	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS Jordan, Travis 515 Suwannee RD Tyndall AFB Fl 32404	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: _____ 15 Aug 06 (850) 896-0236
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #