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NONPROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

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Jul 12, 1999 8:00 am
Secretary of State
07-12-1999 90023 015 ****61.25

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DOCUMENT # 740129

1. Corporation Name
116TH FIELD ARTILLERY VETERANS ASSOCIATION, INC.

586687 - 90023 - 15

Principal Place of Business	Mailing Address
1612 DUCHESS DR ORLANDO FL 32805 US	1612 DUCHESS DR ORLANDO FL 32805 US

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualifed
1	26	09/14/1977
Suite, Apt. #, etc. 2	Suite, Apt. #, etc. 27	4. FEI Number 59-2954002 ☐ Applied For ☐ Not Applicable
City & State 3	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 4 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

JONES, ELBERT E
1612 DUCHESS DR
ROOM 111
ORLANDO FL 32805

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	ALLEN, DAVID		1.2 NAME	
STREET ADDRESS	21115 FIRST ST.		1.3 STREET ADDRESS	
CITY-ST-ZIP	LAND-O-LAKES FL		1.4 CITY-ST-ZIP	
TITLE	S	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	JONES, ELBERT E		2.2 NAME	
STREET ADDRESS	1612 DUCHESS DR		2.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL		2.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	MEALOR, WALT		3.2 NAME	
STREET ADDRESS	2809 SITIOS		3.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL		3.4 CITY-ST-ZIP	
TITLE	T	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	TOMKO, JOSEPH D		4.2 NAME	
STREET ADDRESS	9510 HARNEY RD		4.3 STREET ADDRESS	
CITY-ST-ZIP	THONOTOSASSA FL		4.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	GONZALES, GUS		5.2 NAME	
STREET ADDRESS	3010 COLLINS ST		5.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL		5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E037 (11/98)

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: E. Elbert Jones REQUIRED Jan. 5, 1999 (407) 849-0079
SIGNATURE AND TITLE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

S= ELBERT E JONES