

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 06, 2004 8:00 am
Secretary of State

08-06-2004 90005 008 ****61.25

DOCUMENT # 740129			
1. Entity Name 116TH FIELD ARTILLERY VETERANS ASSOCIATION, INC.			
Principal Place of Business 1612 DUCHESS DR ORLANDO FL 32805 US		Mailing Address 1612 DUCHESS DR ORLANDO FL 32805 US	
2. Principal Place of Business 21115 1st St.		3. Mailing Address 21115 1st St.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Land O Lakes, FL		City & State Land O Lakes, FL	
Zip 34638-4328	Country USA	Zip 34638-4328	Country USA
6. Name and Address of Current Registered Agent JONES, ELBERT E 1612 DUCHESS DR ORLANDO FL 32805		7. Name and Address of New Registered Agent Name <u>David L. Allen</u> Street Address (P.O. Box Number is Not Acceptable) <u>21115 1st St.</u> City <u>Land O Lakes</u> <u>FL</u> Zip Code <u>34638-4328</u>	



MOORE CR2E037 (11/03)

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 David L. Allen

2 Aug 04

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

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	P ALLEN, DAVID 21115 FIRST ST. LAND-O-LAKES FL ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ALLEN, DAVID L. 21115 1st St. Land O Lakes, FL 34638-4328 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S JONES, ELBERT E 1612 DUCHESS DR ORLANDO FL ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S REESE, RONALD 4251 Blackland Dr. Marietta, GA 30067-4705 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MEALOR, WALT 2809 SITIOS TAMPA FL ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MEALOR, WALTER S. 2809 W. Sitios St. Tampa, FL 33629-6137 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T TOMKO, JOSEPH D 9510 HARNEY RD THONOTOSASSA FL ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T TOMKO, JOSEPH D. 9510 Harney Rd. Thonotosassa, FL 33592-3671 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GONZALES, GUS 3010 COLLINS ST TAMPA FL ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LUPIN, RONALD P. 12210 Christian Ct. Tampa, FL 33612-4164 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JETER, WILLIAM H. 5301 E. 98th Ave. Tampa, FL 33617-4027 ☐ Change ☒ Addition

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.

SIGNATURE: DAVID L. ALLEN (P)
ELBERT E. JONES (S)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2 Aug 04

813 996-6423
407-849-0979

01-22-2004

Daytime Phone #