

FILE NOW: FILING FEE IS \$61.25

FILED

May 22 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N95000000428 (1)**

1. Corporation Name

UNITED STATES VETERANS SHRINE INC

Principal Place of Business

Mailing Address

**12560 TIMBER PINE TRAIL
WELLINGTON FL 33414**

**12560 TIMBER PINE TRAIL
WELLINGTON FL 33414**



3. Date incorporated or Qualified

01/27/1995

4. FEI Number

65-0735839

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

7. Is this nonprofit corporation a homeowners association?

Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SLAYMAN, GLEN E
12560 TIMBER PINE TRAIL
WELLINGTON FL 33414**

81 Name

Glen E Slayman

82 Street Address (P.O. Box Number is Not Acceptable)

12560 Timber Pine Trail

83

New Port Richey 33414

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DELETE
NAME **D BRITT, CHAPLIN JAMES C**
STREET ADDRESS **500 EVERGLADES AVE.**
CITY-ST-ZIP **CANAL POINT FL 33434**

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE DELETE
NAME **D SLAYMAN, REV. NORMAN**
STREET ADDRESS **4250 TALL OAK LANE**
CITY-ST-ZIP **NEW PORT RICHEY FL 34656**

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE DELETE
NAME **D SMITH, REV. FRANK**
STREET ADDRESS **6572 IMMOKOLEE ROAD**
CITY-ST-ZIP **KEYSTONE HEIGHTS FL 32656**

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE DELETE
NAME **D HANLEY, REV. EDWARD**
STREET ADDRESS **505 WASHINGTON ST.**
CITY-ST-ZIP **NEW GALILEE PA 15141**

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE DELETE
NAME **T SLAYMAN, DR. GLEN**
STREET ADDRESS **12560 TIMBER PINE TRAIL**
CITY-ST-ZIP **WELLINGTON FL 33414**

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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.

SIGNATURE:

Glen E Slayman Dr. 5 16 98-561-798535

CR2E037 (10/97)