

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT <b>1996</b> <i>2-21-96</i>		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS <i>B-1390-C</i>
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**DOCUMENT # 719586 (0)**

1. Corporation Name  
**LCI FLOTILLA II REUNION ASSOCIATION, INC.**



Principal Place of Business <b>402 SOUTH LUCAS STREET                  IOWA CITY IA 52240</b> <i>2801 Hwy. 6E #353                  Iowa City, IA 52240</i>	Mailing Address <b>402 SOUTH LUCAS STREET                  IOWA CITY IA 52240</b>
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3. Date Incorporated or Qualified <b>10/27/1970</b>	3a. Date of Last Report <b>02/01/1995</b>
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21. Principal Place of Business <b>2801 Hwy 6 E</b>	2a. Mailing Address <b>2801 Hwy 6 E.</b>	4. FEI Number <b>42-1093151</b>	Applied For Not Applicable
22. Suite, Apt. #, etc. <b>#353</b>	27. Suite, Apt. #, etc. <b># 353</b>	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
23. City & State <b>Iowa City Iowa</b>	28. City & State <b>Iowa City, Iowa</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
24. Zip <b>52240</b>	25. Country <b>Johnson</b>	29. Zip <b>52240</b>	30. Country <b>Johnson</b>

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent

**BAILEY, WILLIAM W.  
 920 BISCAYNE BLDG.  
 19 WEST FLAGLER ST.  
 MIAMI FL 33130**

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. Zip Code

**FL**

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>HELM, DEAN</b>
STREET ADDRESS	<b>100 BROADVIEW</b>
CITY - ST - ZIP	<b>SPRINGFIELD PA</b>
TITLE	<b>DP</b> <input type="checkbox"/> DELETE
NAME	<b>KING, JAMES</b>
STREET ADDRESS	<b>5000 CLARMAN RD.643</b>
CITY - ST - ZIP	<b>JEFFERSONTON KY</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>CASTILLO, ROBERT</b>
STREET ADDRESS	<b>3500 BUCHANAN AVE TRL 143</b>
CITY - ST - ZIP	<b>RIVERSIDE CA</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>BAILEY, WM.</b>
STREET ADDRESS	<b>920 BISCAYNE BLDG.</b>
CITY - ST - ZIP	<b>MIAMI FL</b>
TITLE	<b>STD</b> <input type="checkbox"/> DELETE
NAME	<b>CARTER, PAUL L</b>
STREET ADDRESS	<b>402 SOUTH LUCAS</b>
CITY - ST - ZIP	<b>IOWA CITY IA</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>Paul L. Carter</b>
5.3 STREET ADDRESS	<b>2801 Hwy. 6E #353</b>
5.4 CITY - ST - ZIP	<b>Iowa City, IA 52240</b>
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

**CHANGE ADDRESS**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Paul L. Carter* **Paul L Carter Sec-Trea.** **Jan. 26 2473**

319-338

CR2E037 (12/95)