

FILE NOW: FILING FEE IS \$61.25

FILED  
Feb 18 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **743299** (0)  
1. Corporation Name  
**CPL. LOUIS C. GOI CHAPTER #93, INC., DISABLED AM  
AMERICAN VETERANS**

Principal Place of Business <b>10792 64 AVE N POST OFFICE BOX 3813 SEMINOLE FL 34642</b>	Mailing Address <b>10792 64 AVE N POST OFFICE BOX 3813 SEMINOLE FL 34642</b>
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2. Principal Place of Business 21 Suite, Apt. #, etc 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified <b>06/16/1978</b>	4. FEI Number <b>23-7055711</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**COOK, THOMAS G.  
10792 64TH AVENUE NORTH  
P.O. BOX 3252  
SEMINOLE FL 34642**

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
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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 Thomas G. Cook Thomas G. Cook FEBRUARY 14, 1998  
Signature, typed or printed name of registered agent and (if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE	VD <input type="checkbox"/> DELETE
NAME	DANGLER, HAROLD F.
STREET ADDRESS	12933 81ST AVE., N.
CITY-ST-ZIP	SEMINOLE FL
TITLE	PD <input type="checkbox"/> DELETE
NAME	GRIESHEIMER, WALTER
STREET ADDRESS	6321 RIDGE RD 1205
CITY-ST-ZIP	SEMINOLE FL
TITLE	V <input type="checkbox"/> DELETE
NAME	OLDHAM, VICKI G.
STREET ADDRESS	8799 92ND ST NO
CITY-ST-ZIP	SEMINOLE FL
TITLE	TD <input type="checkbox"/> DELETE
NAME	COOK, THOMAS G.
STREET ADDRESS	10792 64TH AVENUE N.
CITY-ST-ZIP	SEMINOLE FL
TITLE	C <input checked="" type="checkbox"/> DELETE
NAME	BAIR, WALTER J
STREET ADDRESS	12840 SEMINOLE BLVD, LOT 30G
CITY-ST-ZIP	LARGO FL
TITLE	C <input type="checkbox"/> DELETE
NAME	FOLEY, JAMES P
STREET ADDRESS	7887 134TH STREET NORTH
CITY-ST-ZIP	SEMINOLE FL

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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	C EDWARD K. Fox
5.3 STREET ADDRESS	12243 79th PL
5.4 CITY-ST-ZIP	SEMINOLE, FL 33772
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: Thomas G. Cook Thomas G. Cook February 14, 1998 813-391-6461  
Signature, typed or printed name of registered agent and (if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

CR2E037 (10/97)