FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
D VISION OF CORPORATIONS

1996

SIGNATURE:

DOCUMENT #
1. Corporation Name

769116

(5)

THE NAPOLEONIC SOCIETY OF AMERICA, INC.

Principal Place of Business Mailing Address						T 100 tal gadin guisa insan hindu dinsa distr distri dibu di dis ginsi dinsi di dis			
5744 WEST IRVING PARK ROAD CHICAGO OL 60634		5744 WEST IRVING PARK ROAD CHICAGO OL 60634							
						3. Date Incorporated or Qualified 06/27/1983	3a. (Date of Last I 05/01/19	
	ace of Business	2a. Mailing Address				4. FEI Number 59-2323495			Applied For
21		26				59F23Z3495		Not Applicable	
Suite, Apt. #, etc.		Suite, Act. #, etc.				5. Certificate of Status Desired	×	\$8.75 Additional Fee Required	
City & State		City & State				Election Campaign Financing Trust Fund Contribution			May Be
Zip Country 25		Zιρ	Ziρ Country 29 30			8. This corporation has liability for intangible tax under s. 199.032,			
24	9. Name and Address of Currer	1 = - 1	[30]			Florida Statutes 10. Name and Address of New F			
				81	Name	10. 11		- Ageill	
FCKERT	Y, THOMAS G ESQ.								
12734 KENWOOD LANE				82	Street Ad	ldress (P.O. Box Number is Not Acceptab	rie)		
STE. 89				83		· · · · · · · · · · · · · · · · · · ·			-
	RS FL 33907-5638								
				84	City		F	85 Zip	o Code
11. Pursuant t	to the provisions of Sections 617.0502	and 617.1508, Florida Statu	ites, the at	LLL oove-n	amed corp	oration submits this statement for the pur	nose of c	hangino its re	egistered office
or register	ed agent, or both, in the State of Floric th, and accept the obligations of, Sect	da. Such change was authori	ized by the	corpo	oration's bo	pard of directors. I hereby accept the app	pintment a	us registered	agent. I am
SIGNATURE	and dooppe and obligations on book	ion on those of honder diameter							
	Signature, typed or printed name of registured agent	and title if applicable (N	IOTE: Register	red Agent	signature requ	ired when reinstating)	DATE		
12.	OFFICERS AN		13	3.		ADDITIONS/CHANGES TO OFF	ICERS AN	AD DIRECTO	AS IN 12
TITLE	PD	DELETE	11	TITLE				☐ Change	☐ Addition
NAME	JONES, PROCTOR		12	NAME					
STREET ADDRESS	3625 SACRAMENTO STREET		13	STREET	ADDRESS				
CITY-ST-ZIP	SAN FRANCISCO CA 94118-		14	CITY-S1	r-ZIP				
TITLE	VPD □DELETE			2 1 TITLE				Change	Addition
NAME	MARKHAM, DAVID L	_	22	NAME					
STREET ADDRESS	458 SEA LAVENDER TERRAC		23	STREET	ADDRESS				
CITY - ST - ZIP	WEST PALM BEACH FL 3341			CITY-S	T-21P				
TITLE	EVPD	DEFELE		TITLE				Change	☐ Addition
NAME	HURLBUTT, WILLIAM		32	NAME					
STREET ADDRESS	101 RIVERSHIRE LANE				ADDRESS				
CITY-ST-ZIP	LINCOLNSHIRE IL 60069	DELETE		CITY-S	T-ZIP				
TITLE	TD Grabenhorst, Coburn		ı	TITLE				Change	☐ Addition
NAME STORET ADDRESS	1853 LEXINGTON CIRCLE SE	<u>.</u>		NAME					
STREFT ADDRESS	SALEM OR 97306				ADDRESS				
C+TY-ST-ZIP TITLE	ED ED	DELETE		CITY-ST	1 - ZIP			Change	Addition
NAME	FISHER, TODD			NAME	ļ			CI onmide	☐ Addition
STREET ADDRESS	5744 WEST IRVING PARK RO	AD			ADDRESS				
CITY-ST-ZIP	CHICAGO IL 60634			CITY-S1					
TITLE	D	DELETE		TITLE	- 411			Change	Addition
NAME	SMITH, HELEN			NAME					
STREET ADDRESS	62 WELLESLEY STREET WES	T. 1905			ADDRESS				
City-St-ZiP	TORNONTO ONTARIO CA ME			CITY-S1	i i				
14. I do hereb	v certify that the information supplied	with this filing is voluntarily fur	nished an	d does	not qualify	for the exemption stated in Section 119.	07(3)(k), F	lorida Statut	es. I further
certify that	t the information indicated on this anni	uai report or supplemental an	nual repor	t is tru	e and accu	rate and that my signature shall have the this report as required by Chapter 617, Fl	same leo	al effect as if	made under
appears in	I Block 12 of Block 13 if changed a	on an adachment with an add	ress.			/ .			