


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2004 8:00 am
Secretary of State

03-12-2004 90039 003 ****61.25

DOCUMENT # 769116					
1. Entity Name THE NAPOLEONIC SOCIETY OF AMERICA, INC.					
Principal Place of Business 1115 PONCE DE LEON BLVD. CLEARWATER, FL 33756 US		Mailing Address 1115 PONCE DE LEON BLVD. CLEARWATER, FL 33756 US			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2323495	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
ALLEN, DOUGLAS 1115 PONCE DE LEON BLVD. CLEARWATER, FL 33756				Name: <u>DOUGLAS J. ALLEN</u> Street Address (P.O. Box Number is Not Acceptable): <u>NAPOLEONIC SOCIETY OF AMERICA</u> <u>1115 PONCE DE LEON BLVD</u> City: <u>CLEARWATER</u> FL <u>33756</u>	
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					
Signature, typed or printed name of registered agent and title if applicable: (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/>		\$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	<u>SO</u>	<input type="checkbox"/> Delete	TITLE	<u>V.P.</u>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, JAK M		NAME		
STREET ADDRESS	115 NORTH BROADWAY PO BOX 7213		STREET ADDRESS		
CITY-ST-ZIP	TUPELO, MS 38802		CITY-ST-ZIP		
TITLE	<u>VP</u>	<input type="checkbox"/> Delete	TITLE	<u>PRESIDENT</u>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALLAN, DOUGLAS		NAME		
STREET ADDRESS	737 RUGBY ROAD		STREET ADDRESS		
CITY-ST-ZIP	BRYN MAWR, PA 19010		CITY-ST-ZIP		
TITLE	<u>EVP</u>	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TINLIN, RONALD G		NAME		
STREET ADDRESS	2077 N. COLLINS BLVD.		STREET ADDRESS		
CITY-ST-ZIP	RICHARDSON, TX 75080		CITY-ST-ZIP		
TITLE	<u>PS</u>	<input type="checkbox"/> Delete	TITLE	<u>EXEC. VICE PRESIDENT</u>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	QSINSKI, CHARLES JD		NAME		
STREET ADDRESS	740 HAMILTON ST.		STREET ADDRESS		
CITY-ST-ZIP	ALLENTOWN, PA 18101		CITY-ST-ZIP		
TITLE	<u>TREASURER</u>	<input type="checkbox"/> Delete	TITLE	<u>DR. PHILIP CORPO</u>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS	<u>475 ALGONQUIN ROAD</u>	
CITY-ST-ZIP			CITY-ST-ZIP	<u>FAIRFIELD CT 06825</u>	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <u>[Signature]</u>		President		Date: <u>1/28/04</u> Daytime Phone #: <u>610 581-0280</u>	