

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 769116

FILED
Jul 19, 2006
Secretary of State

Entity Name: THE NAPOLEONIC SOCIETY OF AMERICA, INC.

Current Principal Place of Business:

1115 PONCE DE LEON BLVD.
CLEARWATER, FL 33756 US

New Principal Place of Business:

Current Mailing Address:

1115 PONCE DE LEON BLVD.
CLEARWATER, FL 33756 US

New Mailing Address:

FEI Number: 59-2323495 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

ALLAN, DOUGLAS J
NAPOLEONIC SOCIETY OF AMERICA
115 PONCE DE LEON BLVD.
CLEARWATER, FL 33756 US

Name and Address of New Registered Agent:

ALLAN, DOUGLAS J
NAPOLEONIC SOCIETY OF AMERICA
1115 PONCE DE LEON BLVD.
CLEARWATER, FL 33756 US

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.

SIGNATURE:

Electronic Signature of Registered Agent

07/19/2006

Date

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: SMITH, JAK M
Address: 115 NORTH BROADWAY PO BOX 7213
City-St-Zip: TUPELO, MS 38802

Title: P () Delete
Name: ALLAN, DOUGLAS
Address: 737 RUGBY ROAD
City-St-Zip: BRYN MAWR, PA 19010

Title: EVP () Delete
Name: QSINSKI, CHARLES JD
Address: 740 HAMILTON ST.
City-St-Zip: ALLENTOWN, PA 18101

Title: T () Delete
Name: CORSO, PHILIP DR.
Address: 475 ALGONQUIN RD.
City-St-Zip: FAIRFIELD, CT 06825

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: EVP (X) Change () Addition
Name: OSINSKI, CHARLES JD
Address: 740 HAMILTON ST.
City-St-Zip: ALLENTOWN, PA 18101

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DOUGLAS J. ALLAN

Electronic Signature of Signing Officer or Director

P

07/19/2006

Date