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**Feb 13 1997 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 769253 (6)

1. Corporation Name
THE SOUTHWEST FLORIDA CHAPTER, THE MILITARY ORDE R OF THE WORLD WARS, INC.



Principal Place of Business 1951 RIALTO WAY ALVA FL 33920 US	Mailing Address 1851 RIALTO WAY ALVA FL 33920-3619 US
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3. Date Incorporated or Qualified 07/07/1983	3a. Date of Last Report 02/07/1996
4. FEI Number 59-1891009	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Country	30. Country

9. Name and Address of Current Registered Agent

**NIXON, SAMUEL P.
1951 RIALTO WAY
ALVA FL 33920**

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

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	TD	<input type="checkbox"/> DELETE
NAME	NIXON, SAM MAJOR	
STREET ADDRESS	1951 RIALTO WAY	
CITY-ST-ZIP	ALVA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KING, DANIEL LTC	
STREET ADDRESS	5531 BURNHAM CT	
CITY-ST-ZIP	MORTH FT MYERS FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	HORNADAY, COL WM T.	
STREET ADDRESS	26770 STARDUST DR, SE	
CITY-ST-ZIP	BONITA SPGS FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SHUTTLE, LTC. HUGH	
STREET ADDRESS	6063 TIMBERWOOD CIR, UNIT 303	
CITY-ST-ZIP	FT MYERS FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 checked="" type="checkbox"/> Addition
1.2 NAME	D OSBORNE, MARY A. MAJOR
1.3 STREET ADDRESS	238 SE 44 TERR
1.4 CITY-ST-ZIP	CAPE CORAL FL 33904
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	D HAVERTY, Philip J CDR
2.3 STREET ADDRESS	4110 SE 2 AV
2.4 CITY-ST-ZIP	CAPE CORAL FL 33904
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	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
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 do 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: *Samuel Nixon* Date: **6 Feb 97** Daytime Phone #: **941-728-2081**

CFR2E037 (9/96)