## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998

DOCUMENT #

Principal Place of Business

2. Principal Place of Business

Suite, Apt. #. etc.

SIGNATURE:

1951 RIALTO WAY ALVA FL 33920 769253

(6)

Mailing Address

1951 RIALTO WAY

2a. Mailing Address

Suite, Apt. #, etc.

ALVA FL 33920 US

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

## FILED Jan 30 1998 8:00am Secretary of State

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Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Not Applicable

3. Date Incorporated or Qualified

59-1891009

5. Certificate of Status Desired

6. Election Campaign Financing

07/07/1983 4. FEI Number

City & State				City & State		<del></del>								1		
23			20	28				7. Is this nonprofit corporation a homeowners association?								
Zip		Country	28	Zip	Col	intry		-	This come	unting :					- · · · ·	
24		25	29	, '	30	Country		•	This corpo Personal F				_		itangibi No	e
	9. Name and Address of Current I								Name and	<del></del>						
				<del>-</del>		81	Name						<del></del>			
NIXON	SAMILEL P						Observation Andrew	(0	A 5 N		37.4.0.				<del></del>	
Nixon, Samuel P. 1951 Rialto Way						82	Street Add	ress (P.	O. Box Nu	imber is	Not Ac	сертаріе)				
ALVA FL 33920						83										
ALYA II	L 00320					Щ							,			
						84	City						FL	85 Zip	Code	
11. Pursuant	to the provisi	ons of Sections 617	.0502 and	617.1508, Florida St	tatutes, the a	bove	-named corp	oration	submits t	his state	ement fo	r the purp	_	hanging	its reals	téred
office or r	registered ag	ent, or both, in the S	State of Flor	rida. Such change w of, Section 617.0503	vas authorize	đ by	the corporat	ion's b	pard of dir	ectors.	I hereby	accept th	ne appoir	ntměnt a	s regist	ered
_	un isnimisi wi	in, and accept the C	ibligations	or, 3ection 617.0303	o, Florida Stai	utes.	•									
SIGNATURE.	Signature, typed	or printed name of registers	ed agent and til	le if applicable.	(NÖTE: Registere	d Ager	nt signature requir	ed when:	reinstating)				DATE		<del></del>	<del></del>
12.			AND DIRE		13.				DDITIONS	/CHÁŇ	GES TO			IRECTO	RS IN 1	2
TITLE	TD			DELETE	1.1 11	TLE								Change		ddition
NAME	NIXON,	SAM MAJOR			1.2 N	AME										
STREET ADDRESS	1951 RL	ALTO WAY			1.3 S	REET	ADDRESS									
CITY-ST-ZIP	ALVA FL	•			1.4 CI	TY-ST	-ZIP									
TITLE	D DELETE		2.1 Tf	TLE							- X	Change		vddition		
NAME	KING, D	ANIEL LTC			2.2 N	AME										
STREET ADDRESS	5531 BL	IRNHAM CT			2.3 \$1	REET /	ADDRESS				. , ,,,	,				-~
CITY-ST-ZIP	MORTH	FT MYERS FL			2.40	πy-s	T-ZIP /	$\sqrt{6}$	rth	_F	t M	401	5, h	<u> </u>	339	03
TITLE	D			DELETE	3,1 TI	n.e						,	7	Change		ddition
NAME	OSBORI	NE, MARY A MAJ	OR		3.2 N/	<b>IME</b>										
STREET ADDRESS	238 SE	44 TERR			3.3 ST	REET A	ADDRESS									
CITY-ST-ZIP	CAPE C	ORAL FL			3.4. C	ITY-SI	T-ZIP									
TITLE	D			DELETE	4.1 11	TLE								Change		ddition
NAME	HAVERT	Y, PHILIP J			4.2 N	AME.	1									1
STREET ADDRESS	4110 SE	2 AVE			4.3 \$7	REET /	ADDRESS									
CITY - ST - ZIP	CAPE C	ORAL FL			4.4 Cf	TY-ST	- ZIP									
TITLE				DELETE	5.1 TI	TLE								Change		ddition
NAME					5.2 N/	AME										
STREET ADORESS	l				5.3 ST	REET A	address									
CITY-ST-ZIP					5.4 CI	TY-ST	-ZIP									
TITLE				☐ DELETE	6.1 TI	TLE				-				Change		ddition
NAME					6.2 N	ME	l									
STREET ADDRESS					6.3 \$1	REET A	ADDRESS									
Cary-ST-ZIP					6.4 Ci	TY-ST	- ZIP									
14. I hereby o	certify that the	information supplie	ed with this	filing does not quali	ify for the exe	mpti	on stated in	Section	119.07(3	(i), Flor	ída Stati	utes. I furt	her certif	y that th	e inform	ation
indicated	on this annu	ai report or supplem	ental annu	al report is true and	accurate and	ina	ı my sıgnatu	re snall	nave the	same le	gai effec	or as it ma	iae unde	roain; ir	natlam	an