

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # 836250

(1)

1. Corporation Name

THE POCKET TESTAMENT LEAGUE, INC.



Principal Place of Business

Mailing Address

PO BOX 800  
LITITZ PA 17543-7026

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LITITZ PA 17543-7026

3. Date Incorporated or Qualified  
04/28/1976

3a. Date of Last Report  
03/29/1995

2. Principal Place of Business  
21 11 Toll Gate Road

2a. Mailing Address

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

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4. FEI Number  
22-1616250

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LUBKEMANN, ERNEST  
3628 MEYER PLACE  
SARASOTA FL 33579

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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

*Ernest Lubkemann*  
Signature, typed or printed name of registered agent and title if applicable.

Ernest Lubkemann

*Feb. 26, 1996*  
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE VD ☐ DELETE  
NAME ROMINE, JERALD  
STREET ADDRESS 433 MEER AVE  
CITY-ST-ZIP WYCKOFF NJ

1.1 TITLE P ☒ Change ☐ Addition  
1.2 NAME Romine, Jerald P.  
1.3 STREET ADDRESS 825 Fox Hedge Road  
1.4 CITY-ST-ZIP Franklin Lakes, NJ 07417

TITLE AT ☒ DELETE  
NAME WRABACK, FANNY  
STREET ADDRESS 8 GUILDER PL  
CITY-ST-ZIP LITITZ PA

2.1 TITLE V ☒ Change ☐ Addition  
2.2 NAME Barringer, William C.  
2.3 STREET ADDRESS 155 Pearce Parkway  
2.4 CITY-ST-ZIP Pearl River, NY 10965

TITLE SD ☐ DELETE  
NAME HOSTETTER JACK  
STREET ADDRESS 670 N LIME ST  
CITY-ST-ZIP ELIZABETHTOWN PA

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE PD ☒ DELETE  
NAME GERHART, DONALD  
STREET ADDRESS 36 BLAKELY ROAD  
CITY-ST-ZIP DOWNINGTOWN PA

4.1 TITLE T ☒ Change ☐ Addition  
4.2 NAME Kauffman, Robert E.  
4.3 STREET ADDRESS 1306 Beaconfield Lane  
4.4 CITY-ST-ZIP Lancaster, PA 17601

TITLE TD ☐ DELETE  
NAME KOLMODIN, ARTHUR W.  
STREET ADDRESS 41 DONNA DR  
CITY-ST-ZIP FAIRFIELD NJ

5.1 TITLE D ☐ Change ☒ Addition  
5.2 NAME McCaskey, Michael J.  
5.3 STREET ADDRESS 812 Hillaire Road  
5.4 CITY-ST-ZIP Lancaster, PA 17601

TITLE MD ☐ DELETE  
NAME ANDERSON, ROY W.  
STREET ADDRESS 1898 STURBRIDGE DR.  
CITY-ST-ZIP LANCASTER PA

6.1 TITLE ☐ Change ☐ 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

*Michael J. McCaskey*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*3/5/96*  
Date

Daytime Phone #

CR2E037 (12/95)