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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

1998
DOCUMENT #

Principal Place of Business 281 AUTUMN TRAIL

PORT ORANGE FL 32127

SIGNATURE:

F93000000896 (1)

Mailing Address

281 AUTUMN TRAIL

PORT ORANGE FL 32127

USS NEW JERSEY VETERANS, INC.

FILED Jan 28 1998 8:00am Secretary of State

| _ | In an an and a st | an Our Hillary | | |
|---|-------------------|----------------|------|--|

1/20/98

Applied For

Not Applicable

03/04/1993

16_1259166

4. FEI Number

| | ace of Business | 2a. Mailing / | Address (JUEEw | < blay | | 5. Certificate of Status Desired | | \$8.75 A Fee Re | | |
|--|--|-------------------------|--|---|-----------------------------|---|---|---------------------------|-------------|--|
| Suite, Apt. | | | ot. #, etc. | <u> </u> | | 6. Election Campaign Financing | | \$5.00 N | | |
| 22 | | 27 | | | | Trust Fund Contribution | | Added to | | |
| City & State | | | 7. Is this nonprofit corporation a homeowners association? | | | | | | | |
| 23 PORT ORANGE FL 28 PORT ORANGE | | | | | F. F. Yes No | | | | | |
| Zip | Country | Zip | | Country | | 8. This corporation owes or has p | aid the cur | rent year Inta | angible | |
| 24 3211 | 9 25 | 29 321 | / 9 30 |) | | Personal Property Tax due Jur | | - · |] No | |
| | 9. Name and Address of Current | Registered Ag | ent | | | 10. Name and Address of New F | legistered / | Agent | | |
| | | | | 81 Name | 81 Name Mc DOWELL Richard A | | | | | |
| FOGELS | ON, EDWIN M | | | 82 Street Address (P.O. Box Number is Not Acceptable) | | | | | | |
| 281 AUTUMN TRAIL | | | | | S GUEENS WAY | | | | | |
| PORT O | RANGE FL 32119 | | | 83 | ` | • | | | | |
| | | | | 84 City | | | | 85 Zip C | ode | |
| | | | | _ j | 6P | TORANGE | FL | 321 | 19 | |
| 11. Pursuant to the provisions of Sections 617 0502 and 617 1508. Florida Statutes, the above-parted composition 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 | Richard O. | mr 1 | Sowell |) | | | TAN | 200.19 | 998 | |
| SIGNATURE _ | Signature, typed or printed name of registered agent | and title if applicable | | egistered Agent signatu | re require | when reinstating) | DATE | | | |
| 12. | OFFICERS AND | | | 13. | | ADDITIONS/CHANGES TO OFF | ICERS AND | | | |
| TITLE | PD | ٤ | DELETE | 1.1 TITLE | 171 | | | Change | Addition | |
| NAME | ESSER, RICHARD | | | 1,2 NAME | ES | SER Richard | | | ; | |
| STREET ADDRESS | 501-F WATERS EDGE DR. 🕠 | | | 1.3 STREET ADDRESS | 39 | 30 MEISTER RD | | | lí | |
| CITY-ST-ZIP | NEWPORT NEWS VA 23606 | | | 1.4 CITY-ST-ZIP | 1 | 30 MEISTER RD | 4403 | 5.3 | | |
| TITLE | D | | DELETE | 2.1 TITLE | | , | | Change | Addition (| |
| NAME | ELWOOD, GEORGE H | | | 2.2 NAME | | | | | 1 | |
| STREET ADDRESS | 10 WEST MAIN ST. | | | 2.3 STREET ADDRESS |] | | | | J | |
| CITY-ST-ZIP | HANCOCK NY 13783 | | | 2. 4 CITY - ST - ZIP | ŀ | | | | | |
| TITLE | CD | 1 | DELETE | 3.1 TITLE | | | | Change | ☐ Addition | |
| NAME | MARTIN, JAMES C | | | 3.2 NAME | | | | | 1 | |
| STREET ADDRESS | 501-F WATERS EDGE DR. | | | 3.3 STREET ADDRESS | 1 | | | | 1 | |
| CITY-ST-ZIP | NEWPORT NEWS VA 23606 | | | 3.4. CITY-ST-ZIP | | | | | 1 | |
| TITLE | ST | | DELETE | 4,1 TITLE | 7 | D | | Change | ☐ Addition | |
| NAME | FOGELSON, EDWIN M | , | | 4, 2 NAME | m | e DowELL Rich | ARJ F | <u>}</u> | | |
| STREET ADDRESS | 281 AUTUMN TRAIL | | | 4.3 STREET ADDRESS | 0 | R QUEENS MAN | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | , | - 1 | |
| CITY-ST-ZIP | PORT ORANGE FL 32119 | | | 4.4 CITY-ST-ZIP | 00 | PORT ORANGE | EI | 321/9 | | |
| TITLE | D | | DELETE | 5.1 TITLE | 1 | DRI SNAN GE | <u> </u> | Change | ☐ Addition | |
| NAME | O'NEILL, FRANK L | | | 5.2 NAME | | | | | | |
| STREET ADDRESS | 7723 LEGION RD HWY | | | 5.3 STREET ADDRESS | | | | | | |
| CITY-ST-ZIP | VENTRESS LA | | | 5.4 CITY-ST-ZIP | | | | | - | |
| TITLE | VPD | | DELETE | 6.1 TITLE | | | | Change | Addition | |
| NAME | KALAKAUSKIS, LAWRENCE | _ | | 6.2 NAME | ŀ | | | - | - | |
| STREET ADDRESS | 6160 ROBERTS DR. | | | 6.3 STREET ADDRESS | | | | | | |
| | SAN DIEGO CA 92139 | | | | 1 | | | | Į | |
| CITY-ST-ZIP | | this filing does | not qualify for t | 6.4 CITY-ST-ZIP ne exemption sta | ted in 9 | Section 119.07(3)(i). Florida Statutes. | I further ce | rtify that the | information | |
| 14. 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 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 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 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 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 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 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 indicated on this annual report of the same legal effect as if made under oath; that I am an indicated on this annual report of the same legal effect as if made under oath; that I am an indicated on this annual report of the same legal effect as if made under oath; that I am an indicated on the same legal effect as if made under oath; the same legal effect as if made under oath; the same legal effect as if made under oath; the same legal effect as if made under oath; the same legal effect as if made under oath; the same legal effect as if made under oath; the same legal effect as if made under oath; the same legal effect as if made under oath; the same legal effect as if made under oath; the same legal effect as if made under oath; the same legal effect as if made under oath; the same legal effect a | | | | | | | | | | |
| 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. | | | | | | | | | | |