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NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **F93000000896**

USS NEW JERSEY VETERANS, INC.

| OGO (ALTY BEHBE) VETENNAO, ING. | |
|---------------------------------------|---|
| Principal Place of Business | Mailing Address |
| 83 QUEENS WAY PORT ORANGE FL 32119 US | 83 QUEENS WAY PORT ORANGE FL 32119 US |

FILED Feb 10, 1999 8:00am **Secretary of State**

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| Principal Flace | e of Business | Mailing Address | | | | | | | |
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| 83 QUEENS W | AY · | 83 QUEENS WAY | | | | | | | |
| PORT ORANGE FL 32119 PORT ORANGE FL 32119 | | | | | | | | | |
| US US | | | | | | 88111 88111 88111 C | | IN MILE IRES | |
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| 2. Principal P | lace of Business | 2a. Mailing Address | | | | 3. Date Incorporated or Qual | itea | | * |
| 21 | | 26 | | | | 03/04/1993 | | 1 1. | |
| Suite, Apt. | #, etc. | Suite, Apt. #, etc. | | | | 4. FEI Number | | <u> </u> | lied For |
| 22 | | 27 | | | | 16-1259166 | | | Applicable |
| City & State | 9 | City & State | | | | 5. Certificate of Status Desire | d 🗆 | \$8.75 A | |
| 23 | | 28 | | | | | | Fee Rec | urea |
| Zip | Country | Zip | _ Cou | ntry | | 6. Election Campaign Finance | ing 🗇 | \$5.00 1 | |
| 24 | 25 | 29 3 | 0 | | | Trust Fund Contribution | | Added to | Fees _ |
| | 9. Name and Address of Curren | t Registered Agent | | | | 10. Name and Address of N | w Registered | Agent | |
| | | | | 81 | Name | | | | |
| MCDOWE! | LL, RICHARD A | | | 82 | Street Addre | ss (P.O. Box Number is Not Acc | entable) | | |
| | | | | 62 | Stiest Addie | SS (F.O. DOX NUMBER IS NOT ACC | asptable; | | 1 |
| 83 QUEEN | • | | | 83 | | | | - | |
| PORTOR | ANGE FL 32119 | | | | | | | | |
| | | | | 84 | City | • | EI | 85 Zip C | ode |
| 1984 <u>- 1984 - 1</u> | | | | | | | the number of | - L. | ngistored |
| 11 Pursuant | to the provisions of Sections 617.0502 | 2 and 617.1508, Florida Statutes of Florida, Such change was aut | s, the all horized | bove-i | nameo corpo ne comoration | ration submits this statement for n's board of directors. I hereby a | ccept the appo | intment as reg | istered |
| agent. La | to the provisions of Sections 617.050; egistered agent, or both, in the State of familiar with and accept the obligation | tions of, Section 617.0503, Florid | ta Stati | tes. | | निर्देशको के दिल्ली के किस के किस की के किस की की किस की किस किस की किस क किस की किस क | and profession | LEANING A | 16 100 100 P |
| SIGNATURE | Kirkond (A) | K Speed | | ות / | easur | | 1-20 | ワークリ | |
| SIGNATURE | Signature, typed or printed name of registered agen | | | Ágent s | signature required | when reinstating) | DATE | | 30.01.40 |
| 12. | OFFICERS AN | D DIRECTORS | 13. | | , | ADDITIONS/CHANGES TO | OFFICERS A | | |
| TITLE | PD | ☐ DELETE | 1.1 10 | RLE | | 0.5% \$17.60 | | Change | ☐ Addition |
| NAME | ESSER, RICHARD | | 1.2 NA | ME | | | | ٠. | · |
| STREET ADDRESS | 3930 MEISTER RD | | 1.3 ST | REETA | NDDRESS | a contract to the contract of | | | . [|
| CITY-ST-ZIP | LORAIN OH 44053 | | | | | ** (\$\text{\$\}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}} | | | |
| TITLE | | | | | ZIP | | | | |
| | | ☐ DELETE | 1,4 CT | TY-ST- | ZIP | | | Change | Addition |
| | D | ☐ DELETE | 1,4 CT 2.1 TT | TY-ST-: TLE | ZIP | | | Change | Addition |
| NAME | D ELWOOD, GEORGE H | ☐ DELETE | 1,4 CT 2.1 TT 2.2 NA | TY-ST-: TLE VME | | M. Mintellion | | Change | Addition |
| | D ELWOOD, GEORGE H 10 WEST MAIN ST. | ☐ DELETE | 1.4 CT 2.1 TT 2.2 NA 2.3 ST | TY-ST- TLE WIE TREET A | ADDRESS | M. KEWATSA | | Change | Addition |
| NAME STREET ADDRESS C/TY-ST-ZIP | D EŁWOOD, GEORGE H 10 WEST MAIN ST. HANCOCK NY 13783 | | 1.4 CT 2.1 TT 2.2 NA 2.3 ST 2.4 C | TY-ST- TLE VME TREET A | ADDRESS | M. Kimatiya | | | |
| NAME STREET ADDRESS | D ELWOOD, GEORGE H 10 WEST MAIN ST. | ☐ DELETE | 1.4 CT 2.1 TT 2.2 NA 2.3 ST 2.4 C 3.1 TT | TY-ST- TLE NME TREET A ITY-ST- TLE | ADDRESS | M. KINAPA | | Change | Addition Addition |
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| NAME STREET ADDRESS CITY-ST-ZIP TITLE | D ELWOOD, GEORGE H 10 WEST MAIN ST. HANCOCK NY 13783 CD MARTIN, JAMES C | | 1.4 CT 2.1 TTT 2.2 NA 2.3 ST 2.4 CT 3.1 TTT 3.2 NA | TY-ST- TLE WME TREET A ITY-ST- TLE | ADDRESS | M. KINAPA | | | |
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SAN DIEGO CA 92139 14. 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, with all other like empowered.

6.4 CITY-ST-ZIP