

3-2-95 8-1750  
FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

95 MAR -2 PM 2:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # F94000001097 (4)

1. Corporation Name

THE BRASS RING SOCIETY, INCORPORATED

Principal Place of Business

Mailing Address

551 E. SEMORAN BLVD.  
SUITE E 5  
FERN PARK FL 32730

551 E. SEMORAN BLVD.  
SUITE E 5  
FERN PARK FL 32730

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/04/1994

3a. Date of Last Report

03-04-94

4. FEI Number

73-1190628

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

7. Nonprofit with IRS 501(c)(3)  
Tax Exempt Status

☒

\$68.75 Supplemental  
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,  
Florida Statutes

☐ Yes ☒ 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

Country

28 Zip

Country

24 25 SEMINOLE

29 30 SEMINOLE

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ESPOSITO, RAY  
551 E. SEMORAN BLVD.  
SUITE E 5  
FERN PARK FL 32730

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                |                      |
|----------------|----------------------|
| TITLE          | PD                   |
| NAME           | ESPOSITO, RAY        |
| STREET ADDRESS | 551 E. SEMORAN BLVD. |
| CITY-ST-ZIP    | FERN PARK FL 32730   |
| TITLE          | ST                   |
| NAME           | WEBER, CHARLES       |
| STREET ADDRESS | 2420 QUINAN RD.      |
| CITY-ST-ZIP    | SHAWNNEE KS          |
| TITLE          | D                    |
| NAME           | ORTENBERGER, DAVID   |
| STREET ADDRESS | 5530 E. 21ST ST.     |
| CITY-ST-ZIP    | TULSA OK 73136       |
| TITLE          | D                    |
| NAME           | DEVORE, EARL         |
| STREET ADDRESS | 1234 LINCOLN AVE.    |
| CITY-ST-ZIP    | OTTAWA KS 66067      |
| TITLE          | D                    |
| NAME           | EARL GUNDEL          |
| STREET ADDRESS | 2929 ALLEN PARKWAY   |
| CITY-ST-ZIP    | HOUSTON, TX 77019    |
| TITLE          | D                    |
| NAME           | BOCK OF WERT         |
| STREET ADDRESS | 1251 E. 32ND ST      |
| CITY-ST-ZIP    | TULSA, OK 74105      |

|                    |                                    |                                                                   |
|--------------------|------------------------------------|-------------------------------------------------------------------|
| 1.1 TITLE          | VICE CHAIRMAN                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME           | SIM PHILION                        |                                                                   |
| 1.3 STREET ADDRESS | 6205 CAMINO DELA COSTA             |                                                                   |
| 1.4 CITY-ST-ZIP    | LA JOLLA, CA 92037                 |                                                                   |
| 2.1 TITLE          | D                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME           | HANK BREEL                         |                                                                   |
| 2.3 STREET ADDRESS | 405 LEXINGTON AVE                  |                                                                   |
| 2.4 CITY-ST-ZIP    | NEW YORK, NEW YORK                 |                                                                   |
| 3.1 TITLE          |                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME           | NOTE: NONE OF THESE ARE CHANGES OR |                                                                   |
| 3.3 STREET ADDRESS | ADDITIONS- THEY WERE INCLUDED WITH |                                                                   |
| 3.4 CITY-ST-ZIP    | ORIGINAL FILING                    |                                                                   |
| 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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(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:

RAY ESPOSITO  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-23-95  
Date

107-339-6118  
Official Filing #