

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 # **N00899**

(7)

1. Corporation Name

FLORIDA PAST COMMANDERS CLUB, INC.



Principal Place of Business

Mailing Address

**1412 44TH AVENUE EAST
ELLENTON FL 34222**

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ELLENTON FL 34222**

3. Date Incorporated or Qualified

01/13/1984

3a. Date of Last Report

03/02/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

28 Zip

24 Country

29 Country

30

4. FEI Number

59-2410046

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$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

**MATTOX, RAY
316 WEST CENTRAL AVENUE, SUITE 312
WINTER HAVEN FL 33880**

81 Name

Ray Mattox

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

316 W. central Ave. #312

83

84

City **Winter Haven, FL**

FL

85 Zip Code
33880

11. Pursuant to the provisions of Sections 617.0502 and 617.1506, 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

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	VD	<input type="checkbox"/> DELETE
NAME	POLAKOWSKI, THOMAS	
STREET ADDRESS	796 103RD AVE N	
CITY- ST- ZIP	NAPLES FL	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	SHAFFER, DWIGHT	
STREET ADDRESS	1412 44TH AVENUE E.	
CITY- ST- ZIP	ELLENTON FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	SPRINGSTON, HERBERT	
STREET ADDRESS	4510 S GRADY AVE	
CITY- ST- ZIP	TAMPA FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	JOHNSTON, BOBBY D.	
STREET ADDRESS	1655 EAST AVE. SOUTH	
CITY- ST- ZIP	SARASOTA FL	
TITLE	Vice President	<input type="checkbox"/> DELETE
NAME	Nancy C. Hill	
STREET ADDRESS	1225 Linda Lane	
CITY- ST- ZIP	Holly Hill, FL 32117	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY- ST- ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY- ST- ZIP	
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 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: **DWIGHT SHAFFER**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dwight Shaffer

1-26-96

Date

941-722-5064

Daytime Phone #

CR2E037 (12/95)