

FILE NOW: FILING FEE IS \$61.25

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Feb 05 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N00899** (7)
1. Corporation Name
FLORIDA PAST COMMANDERS CLUB, INC.



Principal Place of Business 1412 44TH AVENUE EAST ELLENTON FL 34222	Mailing Address 1412 44TH AVENUE EAST ELLENTON FL 34222
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3. Date Incorporated or Qualified 01/13/1984
4. FEI Number 59-2410046
Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21 1412 44th Ave. E.	2a. Mailing Address 26 141244th Ave. E.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Ellenton, Fl 34222	City & State 28 Ellenton, Fl 34222
Zip 24 34222	Country 25 Manatee
Zip 26 34222	Country 27 Manatee

5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input checked="" type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent MATTOX, RAY 316 WEST CENTRAL AVENUE, SUITE 312 WINTER HAVEN FL 33880
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10. Name and Address of New Registered Agent 81 Name Ray Mattox 82 Street Address (P.O. Box Number is Not Acceptable) 316 W. Central Ave. #312 83 Winter Haven, Fl 33880 84 City Winter Haven, Fl 85 Zip Code FL 33880

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	S SHAFER, DWIGHT
STREET ADDRESS	1412 44TH AVENUE
CITY-ST-ZIP	ELLENTOWN FL 34222
TITLE	<input type="checkbox"/> DELETE
NAME	Px DIRECTOR SPRINGSTON, HERBERT
STREET ADDRESS	4510 S GRADY AVE
CITY-ST-ZIP	TAMPA FL
TITLE	<input type="checkbox"/> DELETE
NAME	JOHNSTON, BOBBY D.
STREET ADDRESS	1655 EAST AVE. SOUTH
CITY-ST-ZIP	SARASOTA FL
TITLE	<input type="checkbox"/> DELETE
NAME	V PRESIDENT HILL, NANCY C
STREET ADDRESS	1225 LINDA LANE
CITY-ST-ZIP	HOLLY HILL FL
TITLE	<input type="checkbox"/> DELETE
NAME	O FEENEY, JOHN
STREET ADDRESS	3206 MCKINLEY
CITY-ST-ZIP	HOLLYWOOD FL 33021
TITLE	<input type="checkbox"/> DELETE
NAME	DIRECTOR HARRIET KNARR
STREET ADDRESS	1627 Bayside Rd, Nokomis, Fl 34275
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	Vice President <input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Gloria M. Cleary
1.3 STREET ADDRESS	1381 N.W. 62nd Way
1.4 CITY-ST-ZIP	Margate, Fl 33063
2.1 TITLE	Vice President <input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	David C. Miller
2.3 STREET ADDRESS	207 Bates Ave.
2.4 CITY-ST-ZIP	Indian Rocks Beach, Fl 33785
3.1 TITLE	Sargent At Arms <input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Frank Callahan
3.3 STREET ADDRESS	3250 W. Tenn. St. #17
3.4 CITY-ST-ZIP	Tallahassee, Fl 32344
4.1 TITLE	Sargent At Arms <input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Robert J. Vanalstine
4.3 STREET ADDRESS	2855 Apalachee Pky. #C-148
4.4 CITY-ST-ZIP	Tallahassee, Fl 32301
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	100002423621
6.3 STREET ADDRESS	-02/06/98--01052--030
6.4 CITY-ST-ZIP	***75.00

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 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 _____ 1-15-98 941-777-5064

CR2E037 (10/97)