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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Mar 02, 1999 8:00 am  
Secretary of State

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DOCUMENT # N00899

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



2. Principal Place of Business

21 2001 OLD ST. AUGUSTINE RD

2a. Mailing Address

26 2001 OLD ST. AUGUSTINE RD.

3. Date Incorporated or Qualified

01/13/1984

Suite, Apt. #, etc.

22 K-101

Suite, Apt. #, etc.

27 K-101

4. FEI Number

59-2410046

Applied For

Not Applicable

City & State

23 Tallahassee, FL

City & State

28 Tallahassee, FL

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

Zip

24 32301-0906

Country

25 U.S.

Zip

29 32301-0906

Country

30 U.S.

6. Election Campaign Financing

Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS ☐ DELETE

TITLE S ☐ DELETE

NAME SHAFER, DWIGHT

STREET ADDRESS 1412 44TH AVENUE

CITY-ST-ZIP ELLENTOWN FL 34222

TITLE P ☐ DELETE

NAME SPRINGSTON, HERBERT

STREET ADDRESS 4510 S GRADY AVE

CITY-ST-ZIP TAMPA FL

TITLE T ☐ DELETE

NAME JOHNSTON, BOBBY D.

STREET ADDRESS 1655 EAST AVE. SOUTH

CITY-ST-ZIP SARASOTA FL

TITLE V ☒ DELETE

NAME HILL, NANCY C

STREET ADDRESS 1225 LINDA LANE

CITY-ST-ZIP HOLLY HILL FL

TITLE D ☐ DELETE

NAME FEENEY, JOHN

STREET ADDRESS 3206 MCKINLEY

CITY-ST-ZIP HOLLYWOOD FL 33021

TITLE D ☐ DELETE

NAME KNARR, HARRIET

STREET ADDRESS 1627 BAYSHORE RD

CITY-ST-ZIP NOKOMIS FL 34275

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE D ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE S ☐ Change ☒ Addition

4.2 NAME ROBERT G. FLEIG

4.3 STREET ADDRESS 2001 Old St. Augustine Rd K-101

4.4 CITY-ST-ZIP Tallahassee, FL 32301-0906

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

1/19/99 (850) 656-2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)