


NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N09429 (4)
1. Corporation Name
U.S. SUBMARINE VETERANS OF WORLD WAR II, INC.

Principal Place of Business		Mailing Address			
600 EAGLE PLACE NOKOMIS FL 34275 US		600 EAGLE PLACE NOKOMIS FL 34275 US		<div style="display: flex; justify-content: space-between;"> <div>3. Date Incorporated or Qualified 05/23/1985</div> <div>3a. Date of Last Report 02/08/1995</div> </div>	
2. Principal Place of Business		2a. Mailing Address		4. FEI Number 59-1948694	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		<div style="display: flex; justify-content: space-between;"> <div>Applied For</div> <div>Not Applicable</div> </div>	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24 Country		30 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
WEIDNER, ALPHEUS S JR 600 EAGLE PLACE NOKOMIS FL 34275				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	
				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 <u>ALPHEUS S. WEIDNER, JR.</u> <i>Alpheus S. Weidner Jr.</i> Jan 15, 1996 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered agent signature required when reinstating) DATE</small>					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PSD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WEIDNER, ALPHEUS S JR	1.2 NAME			
STREET ADDRESS	600 EAGLE PLACE	1.3 STREET ADDRESS			
CITY - ST - ZIP	NOKOMIS FL 34275-2522	1.4 CITY - ST - ZIP			
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	PRESCHGER, ARDELL A	2.2 NAME			
STREET ADDRESS	1224 PALMETTO DR.	2.3 STREET ADDRESS			
CITY - ST - ZIP	LADY LAKE FL 32159-2449	2.4 CITY - ST - ZIP			
TITLE	VD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WILLIAMS, WILLIAM E	3.2 NAME			
STREET ADDRESS	2453 N.E. 51ST ST #D-308	3.3 STREET ADDRESS			
CITY - ST - ZIP	FT. LAUDERDALE FL 33308	3.4 CITY - ST - ZIP			
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		4.2 NAME			
STREET ADDRESS		4.3 STREET ADDRESS			
CITY - ST - ZIP		4.4 CITY - ST - ZIP			
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		5.2 NAME			
STREET ADDRESS		5.3 STREET ADDRESS			
CITY - ST - ZIP		5.4 CITY - ST - ZIP			
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		6.2 NAME			
STREET ADDRESS		6.3 STREET ADDRESS			
CITY - ST - ZIP		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: <u>ALPHEUS S. WEIDNER, JR.</u> <i>Alpheus S. Weidner Jr.</i> Jan 15, 1996 941-485-3896 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone #</small>					