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Apr 15 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortimer
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 34275-2522
US**

3. Date Incorporated or Qualified **05/23/1985** 3a. Date of Last Report **01/24/1996**

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. **26** **1224 Palmetto Dr.**
22 City & State **27** **Lady Lake, FL**
23 Zip **28**
24 Country **25** **32159-2449** **29** **US** **30**

4. FEI Number **59-1948694** 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**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**WEIDNER, ALPHEUS S JR
600 EAGLE PLACE
NOKOMIS FL 34275**

10. Name and Address of New Registered Agent
81 Name **PRESCHEG, ARDELL A.**
82 Street Address (P.O. Box Number is Not Acceptable)
83 **1224 Palmetto Dr.**
84 City **LADY LAKE** **FL** **85** Zip Code **32159-2449**

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 **Ardeell A. Preschger** **Ardeell A. Preschger** **4-5-97**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PSD	<input checked="" type="checkbox"/> DELETE
NAME	WEIDNER, ALPHEUS S JR	
STREET ADDRESS	600 EAGLE PLACE	
CITY-ST-ZIP	NOKOMIS FL 34275-2522	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	PRESCHEG, ARDELL A	
STREET ADDRESS	1224 PALMETTO DR.	
CITY-ST-ZIP	LADY LAKE FL 32159-2449	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	WILLIAMS, WILLIAM E	
STREET ADDRESS	2453 N.E. 51ST ST #D-308	
CITY-ST-ZIP	FT. LAUDERDALE FL 33308	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	PRESCHEG, ARDELL A.	
1.3 STREET ADDRESS	1224 PALMETTO DR.	
1.4 CITY-ST-ZIP	LADY LAKE, FL 32159-2449	
2.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	BEVY, J. DAVID	
2.3 STREET ADDRESS	1901 N.W. 203 STREET	
2.4 CITY-ST-ZIP	PLANTATION, FL 33324	
3.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	LAGUS, GEORGE W.	
3.3 STREET ADDRESS	2542 KAIR BLUFF RD.	
3.4 CITY-ST-ZIP	2025 WOOD, FL 32579	
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 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: **Ardeell A. Preschger** **Ardeell A. Preschger** **4-24-97**

CR2E037 (9/96)