**FILE NOW: FILING FEE IS $61.25**

NONPROFIT CORPORATION ANNUAL REPORT

**1998**

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

FILED
Feb 02 1998 8:00am
Secretary of State

DOCUMENT # N09460 (9)

1. Corporation Name

503RD PARACHUTE REGIMENTAL COMBAT TEAM ASSOCIATION, WORLD WAR II, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 1123 DAIMLER DR<br>APOPKA FL 32712<br>US | 1123 DAIMLER DR<br>APOPKA FL 32712<br>US |

3. Date Incorporated or Qualified: 05/24/1985

4. FEI Number: 59-2536280 ☐ 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

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 | 26 |
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 |
| City & State 23 | City & State 28 |
| Zip 24 / Country 25 | Zip 29 / Country 30 |

**9. Name and Address of Current Registered Agent**

LINTON, MAURICE S.
1123 DAIMLER DRIVE
APOPKA FL 32712

**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 Maurice S Linton 01/15/98
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 | PVD | ☒ DELETE | 1.1 TITLE | President | ☒ Change ☐ Addition |
| NAME | ABBOTT, DONALD E | | 1.2 NAME | John D. Reynolds | |
| STREET ADDRESS | 477 OAK BROOK CT | | 1.3 STREET ADDRESS | 718 Towne Center Drive | |
| CITY-ST-ZIP | SANTA ROSA CA 95409 | | 1.4 CITY-ST-ZIP | Joppa, MD 21085 | |
| TITLE | VPD | ☐ DELETE | 2.1 TITLE | VPD | ☐ Change ☒ Addition |
| NAME | REYNOLDS, JOHN D | | 2.2 NAME | William A. Manz | |
| STREET ADDRESS | 718 TOWNE CENTER DRIVE | | 2.3 STREET ADDRESS | 1785 Barnes Mill Rd | |
| CITY-ST-ZIP | JOPPA MD 21085 | | 2.4 CITY-ST-ZIP | Richmond, KY 40475 | |
| TITLE | STD | ☐ DELETE | 3.1 TITLE | | ☐ Change ☐ Addition |
| NAME | LINTON, MAURICE S | | 3.2 NAME | | |
| STREET ADDRESS | 1123 DAIMLER DRIVE | | 3.3 STREET ADDRESS | | |
| CITY-ST-ZIP | APOPKA FL 32712 | | 3.4 CITY-ST-ZIP | | |
| TITLE | RD | ☐ DELETE | 4.1 TITLE | | ☐ Change ☐ Addition |
| NAME | LINTON, MARGEE N | | 4.2 NAME | | |
| STREET ADDRESS | 1123 DAIMLER DRIVE | | 4.3 STREET ADDRESS | | |
| CITY-ST-ZIP | APOPKA FL 32712 | | 4.4 CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE | 5.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 5.2 NAME | | |
| STREET ADDRESS | | | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 5.4 CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE | 6.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 6.2 NAME | | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 6.4 CITY-ST-ZIP | | |

CR2E037 (10/97)

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

**SIGNATURE:** Maurice S Linton SIGNATURE REQUIRED 01/15/98 407-880-9072
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #