FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
1995 FEB 17 PM 10:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N16437 (8)

1. Corporation Name
PARATROOP CLUB OF SOUTHWEST FLORIDA, INCORPORATED

Principal Place of Business
C/O FRANCIS E. BROTHERS
27125 BEECHCRAFT AVE.
PUNTA GORDA FL 33982

Mailing Address
C/O FRANCIS E. BROTHERS
27125 BEECHCRAFT AVE.
PUNTA GORDA FL 33982

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/19/1986
3a. Date of Last Report: 03/25/1994
4. FEI Number: 59-2543694 — Applied For / Not Applicable

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

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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent
BROTHERS, FRANCIS E.
27125 BEECHCRAFT AVE.
PUNTA GORDA FL 33982

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when resigning) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD D	1.1 TITLE	☐ Change ☐ Addition
NAME	BROTHERS, FRANCIS E.	1.2 NAME	
STREET ADDRESS	27125 BEECHCRAFT AVE.	1.3 STREET ADDRESS	
CITY-ST-ZIP	PUNTA GORDA FL	1.4 CITY-ST-ZIP	
TITLE	~~PD~~	2.1 TITLE	P D ☑ Change ☐ Addition
NAME	~~HARRISON, HARRY~~	2.2 NAME	JEFF ANDERSON
STREET ADDRESS	~~5234 SEAGULL CT.~~	2.3 STREET ADDRESS	2612 AUGUSTA AVE
CITY-ST-ZIP	~~CAPE CORAL FL 33904~~	2.4 CITY-ST-ZIP	PORT CHARLOTTE FL 33952
TITLE	STD D	3.1 TITLE	S D ☑ Change ☐ Addition
NAME	HOUSEHOLDER, CHAS.	3.2 NAME	STAN GOLEMBIEWSKI
STREET ADDRESS	520 CATHERINE AVE.	3.3 STREET ADDRESS	18101 ZANZIBAR AVE
CITY-ST-ZIP	PORT CHARLOTTE FL	3.4 CITY-ST-ZIP	PORT CHARLOTTE FL 33952
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	SCC 2-17-95

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: Charles Householder Treasurer 1-18-95 629-6091
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0001607