

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

DOCUMENT # **N16437** (8)

1. Corporation Name

**PARATROOP CLUB OF SOUTHWEST FLORIDA, INCORPORATE  
D**



Principal Place of Business

C/O FRANCIS E. BROTHERS  
27125 BEECHCRAFT AVE.  
PUNTA GORDA FL 33962

Mailing Address

C/O FRANCIS E. BROTHERS  
27125 BEECHCRAFT AVE.  
PUNTA GORDA FL 33962

3. Date Incorporated or Qualified  
**08/19/1986**

3a. Date of Last Report  
**02/17/1995**

2. Principal Place of Business

2a. Mailing Address

**21** **Charles W Householder**  
520 Catherine Ave NE  
Port Charlotte FL 33952  
City & State

**25** **Charles W Householder**  
520 Catherine Ave NE  
Port Charlotte FL 33952  
City & State

4. FEI Number

**59-2543694**

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

**BROTHERS, FRANCIS E.**  
27125 BEECHCRAFT AVE.  
PUNTA GORDA FL 33962

10. Name and Address of New Registered Agent

81 Name

82



**Charles W Householder**  
520 Catherine Ave NE  
Port Charlotte FL 33952

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

*Charles W. Householder*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**2/23/96**

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE  
NAME **BROTHERS, FRANCIS E.**  
STREET ADDRESS **27125 BEECHCRAFT AVE.**  
CITY - ST - ZIP **PUNTA GORDA FL**

TITLE **PD** ☒ DELETE  
NAME **ANDERSON, JEFF**  
STREET ADDRESS **21612 AGUSTA AVE.**  
CITY - ST - ZIP **PORT CHARLOTTE FL 33952**

TITLE **TD** ☐ DELETE  
NAME **HOUSEHOLDER, CHAS.**  
STREET ADDRESS **520 CATHERINE AVE.**  
CITY - ST - ZIP **PORT CHARLOTTE FL**

TITLE **SD** ☐ DELETE  
NAME **GOLEMBIESKI, STAN**  
STREET ADDRESS **18151 ZANZIBAR AVE.**  
CITY - ST - ZIP **PORT CHARLOTTE FL 33952**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

**Robert Lowry** **PD** ☐ Change ☐ Addition  
**11214 Royal Rd.**  
**Punta Gorda, FL 33955**

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

☐ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ Change ☐ Addition

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 W. Householder*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/23/96**

Date

**941 629 6091**

Daytime Phone #

CR2E037 (12/95)