FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

· Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # N16437

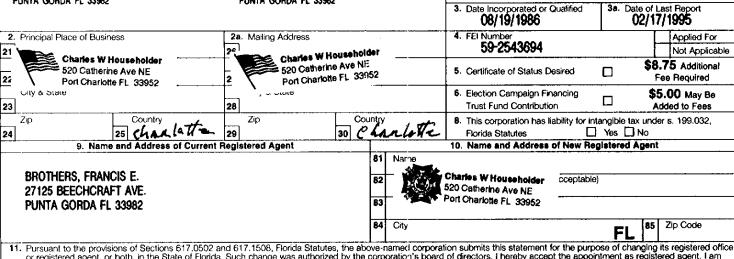
(8)

PARATROOP CLUB OF SOUTHWEST FLORIDA, INCORPORATE

D Principal Place of Business Mailing Address

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

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



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 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 families accept the appointment as registered agent. I am

Tailing With, and accept to obligations of, deciding 11.0000, 1 forda diacres.						
SIGNATURE Charles W: Horrsch alle Signature, typod or printed name of registared agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE						
12.	OFFICERS AND DIRE		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	DELETE	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	M DELETE	2.1 TITLE	Robert Lowry	P D Change	☐ Addition
NAME	ANDERSON, JEFF		2.2 NAME	Robert Lowry 11214 Royal Rd.	70	
STREET ADDRESS	21612 AGUSTA AVE.		2 3 STREET ADDRESS	Punta Gorda, FL	33055	j
CITY-ST-ZIP	PORT CHARLOTTE FL 33952		2. 4 CITY+ST-ZIP	idiida oolda, FL	33933	
TITLF	10	DELETE	3.1 TITLE		Change	☐ Addition
NAME	HOUSEHOLDER, CHAS.		3 2 NAME			
STREET ADDRESS	520 CATHERINE AVE.		3 3 STREET ADDRESS			
CITY-ST-ZIP	PORT CHARLOTTE FL		3 4. CITY+ST+ZIP			
TITLE	\$D	DELETE	4.1 TITLE		Change	☐ Addition
NAME	GOLEMBIESKI, STAN		4.2 NAME			
STREET ADDRESS	18151 ZANZIBAR AVE.		4.3 STREET ADDRESS			
CITY-ST-ZIP	PORT CHARLOTTE FL 33952		4.4 CITY-ST-ZIP		- <u></u>	
TITLE		DELETE	5.1 TITLE		Change	Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CrTY - 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 CHTY - 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 chapted, or on an attachment with an address.

SIGNATURE:

arle W. Householder

941 629 6091