FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997
DOCUMENT # N
1. Corporation Name

N16437

(8)

PARATROOP CLUB OF SOUTHWEST FLORIDA, INCORPORATE

		F114				
Principal Place of Business Mailing Address				· · · · · · · · · · · · · · · · · · ·	r replaint die belaid blief brief blief listi	i ikut atah atah atah atah atah atah 1661
CHARLES W HOUSEHOLDER -500-CATHERINE AVENUE NE PORT CHARLOTTE FL 33952 CHARLES W HOUSEHOL -500-CATHERINE AVENUE PORT CHARLOTTE FL 33952			NE 22	424		
US		US		3. Date Incorporated or Qualified 08/19/1986	3a. Date of Last Report 02/27/1996	
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	Applied For
21		28			59-2543694	Not Applicable
Suite, Apt. #, etc. 22 1 2424		Suite, Apt. #, etc.	27		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	ê	City & State			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Cour	ntrv	This corporation has liability for	
24	25	29	30			Yes No
	9. Name and Address of Curr				10. Name and Address of New Re	
				81 Name		
CHARLES W HOUSEHOLDER			-	82 Street Add	fress (P.O. Box Number is Not Acceptate	ole)
	THERINE AVENUE NE CHARLOTTE FL 33952		}	63		
runi (MANLOTTE PL 33832					
				64 City		FL 85 Zip Code
11. Pursuant office or r	to the provisions of Sections 617.05 egistered agent, or both, in the Sta	502 and 617.1508, Florida Statute of Florida, Such change was	ites, the ab	ove-named cor	poration submits this statement for the partion's board of directors. I hereby accept	ourpose of changing its registered
agent. I a	m familiar with, and accept the obl	igations of, Section 617.0503, F	lorida Statu	ites.	and the decire of directions. This look decire	A f
SIGNATURE	Charles W. +	househalder				-16-97
12.	Signature, typed or printed name of registered a	agent and title if applicable. (NC IND DIRECTORS	TE: Registered	Agent signature requ	ited when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE
TITLE	PD	DELETE	1.1 111	F I	ADDITIONS/CHANGES TO OFFIC	Change Addition
NAME	BROTHERS, FRANCIS E.		1.2 NA			
STREET ADORESS	27125 BEECHCRAFT AVE.			REET ADDRESS		•
CITY-ST-ZIP	PUNTA GORDA FL			Y-ST-ZIP		
TITLE	PD	DELETE	2.1 TIT			☐ Change ☐ Addition
NAME	LOWRY, ROBERT	_ .	2.2 NAI			
STREET ADDRESS	11214 ROYAL ROAD			EET ADDRESS		•
CITY-ST-ZIP	PUNTA GORDA FL			TY - ST - ZIP		
TITLE	TD	DELETE	3.1 717			Change Addition
NAME	HOUSEHOLDER, CHAS.		3.2 NAJ	VIE		
STREET ADDRESS	520 CATHERINE AVE. 🗻	2424		REET ADDRESS		
CITY-ST-ZIP	PORT CHARLOTTE FL			Y-ST-ZIP	•	
TIFLE	SD	DELETE	4.1 (17)			Change Addition
NAME	GOLEMBIESKI, STAN		4. 2 NA	ME		
STREET ADDRESS	18151 ZANZIBAR AVE.			REET ADDRESS		
CITY-ST-ZIP	PORT CHARLOTTE FL 339	52		Y-ST-ZIP		
TITLE		DELETE	5.1 717			Change Addition
NAME			5.2 NAI	ME		
STREET ADDRESS				REET ADDRESS		
CITY-ST-ZIP				Y-ST-ZIP		
TITLE		DELETE	6.1 TIT			☐ Change ☐ Addition
NAME			6.2 NAI	1	•	
STREET ADDRESS				REET ADDRESS		•

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.

6.4 CITY - ST - ZIP

SIGNATURE:

CITY-ST-ZIP

Charles W: Wordelle Cole

1-16-97 941 6296091

FILED

Jan 31 1997 8:00am

Secretary of State

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