

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 # N16717 (3)

1. Corporation Name

MAJOR THOMAS B. MCGUIRE MEMORIAL FUND, INC.

Principal Place of Business

**106 LOQUAT ROAD NW
LAKE PLACID FL 33852-6787**

Mailing Address

**106 LOQUAT ROAD NW
LAKE PLACID FL 33852-6787**



3. Date Incorporated or Qualified
09/09/1986

3a. Date of Last Report
04/28/1995

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number
59-2738282

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

10. Name and Address of New Registered Agent

**YOUNG, WILBUR E
106 LOQUAT RD NW
LAKE PLACID FL 33852-6787**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **VP** ☐ DELETE
NAME **BEERS, KENNETH R**
STREET ADDRESS **1467 SILVER OAKS DR**
CITY-ST-ZIP **AVON PARK FL 33825**

TITLE **PD** ☐ DELETE
NAME **WHITTON, ROY**
STREET ADDRESS **647 HOLMES AVE.**
CITY-ST-ZIP **LAKE PLACID FL 33852**

TITLE **D** ☒ DELETE
NAME **COL SMITH, ROBERT**
STREET ADDRESS **P.O. BOX 1109 N/A**
CITY-ST-ZIP **LAKE PLACID FL 33852**

TITLE **SD** ☐ DELETE
NAME **WOODERSON, W. A**
STREET ADDRESS **425 CHERRY TREE DR**
CITY-ST-ZIP **SEBRING FL**

TITLE **D** ☐ DELETE
NAME **GOMEZ, LEO**
STREET ADDRESS **5206 ROANOKE STREET**
CITY-ST-ZIP **SEBRING FL**

TITLE **TD** ☐ DELETE
NAME **YOUNG, WILBUR E.**
STREET ADDRESS **106 LOQUAT RD NW**
CITY-ST-ZIP **LAKE PLACID FL**

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 ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☒ Addition
3.2 NAME **D. Shirley, C B**
3.3 STREET ADDRESS **94 E Raymond St**
3.4 CITY-ST-ZIP **Avon Park FL 33825**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-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 changed, or on an attachment with an address.

SIGNATURE: Wilbur E Young Wilbur E Young April 22, 1996 941-465-0430
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)