

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 18 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N18569** (6)

1. Corporation Name

**NATIONAL ORDER OF TRENCH RATS, INC.**

Principal Place of Business

**5425 39 ST E  
BRADENTON FL 34203  
US**

Mailing Address

**P.O. BOX 20538  
BRADENTON FL 34203  
US**

3. Date Incorporated or Qualified

**01/02/1987**

4. FEI Number

**65-0003196**

Applied For

Not Applicable

2. Principal Place of Business

**21 Suite, Apt. #, etc**

**22 City & State**

**23 Zip**

**25 Country**

2a. Mailing Address

**26 Suite, Apt. #, etc.**

**27 City & State**

**28 Zip**

**30 Country**

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. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**ENGWILLER, JOHN D.  
6539 MAGELLAN CT #105  
SARASOTA FL 34243**

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 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

*John D. Engwiler Sr.*

(NOTE: Registered Agent signature required when reinstating)

**2-6-98**

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>MORGAN, JAMES J.</b>	
STREET ADDRESS	<b>1366 CLERMONT</b>	
CITY - ST - ZIP	<b>DENVER CO</b>	

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>DILAURENZIO, JOHN J.</b>	
STREET ADDRESS	<b>P.O. BOX 88 N/A</b>	
CITY - ST - ZIP	<b>NAUGATUCK, CT</b>	

TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>HENDERSON, LEE A.</b>	
STREET ADDRESS	<b>4410 SW 73 TERR</b>	
CITY - ST - ZIP	<b>FT LAUDERDALE FL</b>	

TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>FOLLIS, JACK E.</b>	
STREET ADDRESS	<b>7830 S SHORE DR</b>	
CITY - ST - ZIP	<b>CHICAGO IL</b>	

TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>HEWETT, COLEMAN J.</b>	
STREET ADDRESS	<b>2685 NEW CLINTON RD</b>	
CITY - ST - ZIP	<b>MACON GA</b>	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>BALCOM, ERNEST</b>	
1.3 STREET ADDRESS	<b>575 COUNTRY ROAD # 489</b>	
1.4 CITY - ST - ZIP	<b>LAKE PANASOFFKEE, FL 33538</b>	

2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		

3.1 TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>BAILEY, PAUL</b>	
3.3 STREET ADDRESS	<b>324 RUTTER AVE</b>	
3.4 CITY - ST - ZIP	<b>KINGSTON, PA 18704</b>	

4.1 TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>GUIGELAAR, CURTIS</b>	
4.3 STREET ADDRESS	<b>100 NORTHLAND DRIVE</b>	
4.4 CITY - ST - ZIP	<b>SAND LAKE, MI 49343</b>	

5.1 TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>VIGIL SAM</b>	
5.3 STREET ADDRESS	<b>13561 VALLEJO STREET</b>	
5.4 CITY - ST - ZIP	<b>WESTMINSTER, CO 80234</b>	

6.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	<b>REED, VINCENT</b>	
6.3 STREET ADDRESS	<b>6 ELMWOOD ROAD</b>	
6.4 CITY - ST - ZIP	<b>LYNNFIELD, MA 01940</b>	

14. I 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.

SIGNATURE: **X**

**ERNEST G. BALCOM**

*Ernest G. Balcom* 2/6/98

CP2E037 (10/97)