

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 # N35265

(0)

1. Corporation Name

VETERANS' MEMORIAL, INC.

Principal Place of Business

**4692 TERMINAL DRIVE
FORT MYERS FL 33907**

Mailing Address

**8436 CYPRESS DRIVE NORTH
FT MYERS FL 33912**



3. Date Incorporated or Qualified
11/16/1989

3a. Date of Last Report
01/06/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number
65-0165093

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired

☐ **\$8.75 Additional
Fee Required**

City & State

City & State

23

28

6. Election Campaign Financing
Trust Fund Contribution

☐ **\$5.00 May Be
Added to Fees**

Zip

Country

Zip

Country

24

25

29

30

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

**WINSLOW, URBAN C.
17209 PHLOX DR SE
FORT MYERS FL 33912**

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	CD	<input type="checkbox"/> DELETE
NAME	WINSLOW, URBAN C.	
STREET ADDRESS	17209 PHLOX DR SE	
CITY - ST - ZIP	FORT MYERS FL 33912	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	SCOTT, ROBERT	
STREET ADDRESS	8436 CYPRESS DRIVE N	
CITY - ST - ZIP	FT. MYERS FL 33912	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	MILLER, VICTORIA	
STREET ADDRESS	2123 DORA ST	
CITY - ST - ZIP	FORT MYERS FL 33901	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	LEEDHAM, GATHRINE KATHRYN	
STREET ADDRESS	8436 CYPRESS DRIVE NORTH	
CITY - ST - ZIP	FT MYERS FL 33912	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	FISH, KENNETH	
STREET ADDRESS	P.O. BOX 73 N/A	
CITY - ST - ZIP	FT. MYERS BEACH FL 33931	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FISCH, EDWARD	
STREET ADDRESS	7492 SAN CARLOS BLVD	
CITY - ST - ZIP	FT MYERS FL 33912	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

*Deceased
12-15-95*

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-22-96

941-267-0883

Date

Daytime Phone

CR2E037 (12/95)