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FILED  
May 09 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

13180 N. CLEVELAND AVE.  
SUITE 211  
N. FT. MYERS FL 33903

Mailing Address

13180 N. CLEVELAND AVE.  
SUITE 211  
N. FT. MYERS FL 33903-6231



3. Date Incorporated or Qualified  
11/16/1989

3a. Date of Last Report  
04/26/1996

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  
65-0165093

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

GIRESI, FRANK  
13180 N. CLEVELAND AVE.  
SUITE 211  
N. FT. MYERS FL 33903

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 D ☐ DELETE

NAME ARICK, CARL L., SR.  
STREET ADDRESS 1005 PALM POINT LANE  
CITY-ST-ZIP FORT MYERS FL 33917

TITLE D/P ☐ DELETE

NAME RENNEY, RICHARD  
STREET ADDRESS 2025 NE 7TH AVE.  
CITY-ST-ZIP CAPE CORAL FL 33909

TITLE D/V ☐ DELETE

NAME FIDRE, COL. H.  
STREET ADDRESS 1006 PALM POINT LANE  
CITY-ST-ZIP FORT MYERS FL 33917

TITLE D/V ☐ DELETE

NAME FIDRE, COL. H.  
STREET ADDRESS 1006 PALM POINT LANE  
CITY-ST-ZIP FORT MYERS FL 33917

TITLE D ☐ DELETE

NAME GIRESI, FRANK  
STREET ADDRESS 2700 PARKWINDSOR DR., #714  
CITY-ST-ZIP FT MYERS FL 33901

TITLE D ☐ DELETE

NAME COTTINGHAM, JOHN  
STREET ADDRESS 166 LAKE SIDE DR.  
CITY-ST-ZIP N. FT. MYERS FL 33903

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

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

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

DECEASED

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.

CP2E037 (9/96)