


FILE NOW: FILING FEE IS \$61.25

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Feb 04 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N41202** (5)
1. Corporation Name
SOUTHEASTERN CHAPTER, 88TH INFANTRY DIVISION ASSOCIATION, INC.

Principal Place of Business Mailing Address
8625 SEACREST DR **8625 SEACREST DR**
D **VERO BCH FL 32963-9609**
US **US**

2. Principal Place of Business	2a. Mailing Address
21 16 Barton Ave.	26 16 Barton Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 Rockledge Fl.	27 Rockledge Fl.
City & State	City & State
23 32955	28 32955
Zip	Zip
Country	Country
24	29
25	30

3. Date Incorporated or Qualified 12/10/1990
4. FEI Number 59-3050969
Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent PALMA, ANTHONY M. 8625 SEACREST DR VERO BCH FL 32963	10. Name and Address of New Registered Agent 81 Name Shewbridge, Karl 82 Street Address (P.O. Box Number is Not Acceptable) 16 Barton Ave. 83 Rockledge Florida 32955 84 City FL 85 Zip Code 32955
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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 **Karl Shewbridge Secretary** **Karl Shewbridge** **1/10/98**
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	VD <input type="checkbox"/> DELETE	1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOFF, JOHN	1.2 NAME	GOFF, JOHN E.
STREET ADDRESS	152 HARRIS ST	1.3 STREET ADDRESS	152 Harris St.
CITY-ST-ZIP	MCDONOUGH GA	1.4 CITY-ST-ZIP	McDonough Ga. 30253-2136
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DUCKWORTH, EVERETT, MAJ.	2.2 NAME	CAMPBELL, JOHN
STREET ADDRESS	1220 MOHAWK DRIVE	2.3 STREET ADDRESS	3163 Pine Lake Lane
CITY-ST-ZIP	PORT CHARLOTTE FL	2.4 CITY-ST-ZIP	Kennsaw Ga. 30144-3057
TITLE	TD <input type="checkbox"/> DELETE	3.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PALMA, ANTHONY M.	3.2 NAME	PALMA, ANTHONY M.
STREET ADDRESS	8625 SEACREST DR	3.3 STREET ADDRESS	8625 Seacrest Drive
CITY-ST-ZIP	VERO BCH FL	3.4 CITY-ST-ZIP	Vero Beach FL 32963
TITLE	SD <input type="checkbox"/> DELETE	4.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHEWBRIDGE, KARL	4.2 NAME	SHEWBRIDGE, KARL
STREET ADDRESS	19 BARTON AVENUE, #14	4.3 STREET ADDRESS	16 Barton Ave
CITY-ST-ZIP	ROCKLEDGE FL	4.4 CITY-ST-ZIP	Rockledge Fl 32955
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	TD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SCHULZ, RON	5.2 NAME	WISSEL, RAYMOND C.
STREET ADDRESS	1200 SW 130 G-204	5.3 STREET ADDRESS	3604 Janin Ct.
CITY-ST-ZIP	PEMBROKE PINES FL	5.4 CITY-ST-ZIP	Cincinnati OH 45211-6306
TITLE	PD <input type="checkbox"/> DELETE	6.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHELL, JOHN B	6.2 NAME	SHELL, JOHN B.
STREET ADDRESS	2735 VALVEDERE DRIVE, NE	6.3 STREET ADDRESS	2735 Valvedere Drive, NE
CITY-ST-ZIP	ATLANTA GA	6.4 CITY-ST-ZIP	Atlanta Ga. 30319-3252

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: **Karl Shewbridge** **Karl Shewbridge SD** **1/10/98** **407-631-4392**

CR2E037 (10/97)