


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Mar 06, 1999 8:00 am**  
**Secretary of State**

03-06-1999 90025 025 \*\*\*\*61.25

<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N41202**

1. Corporation Name

**SOUTHEASTERN CHAPTER, 88TH INFANTRY DIVISION ASSOCIATION, INC.**

Principal Place of Business

16 BARTON AVE  
ROCKLEDGE FL 32955  
US

Mailing Address

16 BARTON AVE  
ROCKLEDGE FL 32955  
US



2. Principal Place of Business 21 <b>1362 BROOKSIDE DR.</b> Suite, Apt. #, etc. 22		2a. Mailing Address 26 <b>1362 BROOKSIDE DR.</b> Suite, Apt. #, etc. 27		3. Date Incorporated or Qualified <b>12/10/1990</b>	
City & State 23 <b>VENICE, FL</b> Zip Country 24 <b>34292</b> 25 <b>US</b>		City & State 28 <b>VENICE, FL</b> Zip Country 29 <b>34292</b> 30 <b>US</b>		4. FEI Number <b>59-3050969</b>	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
9. Name and Address of Current Registered Agent  <b>SHEWBRIDGE, KARL</b> <b>16 BARTON AVE</b> <b>ROCKLEDGE FL 32955</b>			10. Name and Address of New Registered Agent 81 Name <b>LAWRENCE SAPHIER</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>1362 BROOKSIDE DR</b> 83 84 City <b>VENICE</b> FL 85 Zip Code <b>34292</b>		

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 **LAWRENCE SAPHIER, SECRETARY** *Lawrence Saphier* **2/23/99**  
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	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOFF, JOHN	1.2 NAME	
STREET ADDRESS	152 HARRIS ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	MCDONOUGH GA 30253-2136	1.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAMPBELL, JOHN	2.2 NAME	
STREET ADDRESS	3163 PINE LAKE LN	2.3 STREET ADDRESS	
CITY-ST-ZIP	KENNESAW GA 30144-3057	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PALMA, ANTHONY M.	3.2 NAME	
STREET ADDRESS	8625 SEACREST DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	VERO BCH FL 32963	3.4 CITY-ST-ZIP	
TITLE	SD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHEWBRIDGE, KARL	4.2 NAME	<b>SAPHIER, LAWRENCE</b>
STREET ADDRESS	19 BARTON AVENUE, #14	4.3 STREET ADDRESS	<b>1362 BROOKSIDE DR.</b>
CITY-ST-ZIP	ROCKLEDGE FL 32955	4.4 CITY-ST-ZIP	<b>VENICE, FL 34292</b>
TITLE	TD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WISSEL, RAYMOND C	5.2 NAME	
STREET ADDRESS	3604 JANLIN CT	5.3 STREET ADDRESS	
CITY-ST-ZIP	CINCINNATI OH 45211-6306	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHELL, JOHN B	6.2 NAME	
STREET ADDRESS	2735 VALVEDERE DRIVE, NE	6.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA	6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE: *Lawrence Saphier* **LAWRENCE SAPHIER** **2/23/99** **941-484-3834**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0020878

CR2E037 (1/1/98)