

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2006 8:00 am
Secretary of State

01-19-2006 90079 034 ****61.25

DOCUMENT # N41202 1. Entity Name SOUTHEASTERN CHAPTER, 88TH INFANTRY DIVISION ASSOCIATION, INC.					
Principal Place of Business 150 SOUTHAMPTON PL VENICE, FL 34293 US			Mailing Address 150 SOUTHAMPTON PL VENICE, FL 34293 US		
2. Principal Place of Business 1200 SW 130TH AVENUE Suite, Apt. #, etc. G204		3. Mailing Address 1200 SW 130TH AVENUE Suite, Apt. #, etc. G204			
City & State PEMBROKE PINES, FL		City & State PEMBROKE PINES, FL		4. FEI Number 59-3050969	
Zip 33027-2127		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SAPHIER, LAWRENCE 150 SOUTHAMPTON PL VENICE, FL 34293				7. Name and Address of New Registered Agent Name RON SCHULZ Street Address (P.O. Box Number is Not Acceptable) 1200 SW 130TH AVENUE Suite, Apt. #, etc. G204 City PEMBROKE PINES FL Zip Code 33027-2127	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE				RON E. SCHULZ 1/17/2006	
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD MCCALL, ROBERT 1005 BROOKRIDGE CIRCLE SE HUNTSVILLE, AL 35801	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD MURRAY, HUGH 33 RAVINE DRIVE W HAWTHORNE, NJ 07506	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SALAMONE, DANTE 5225 DATIL PEPPER DR SAINT AUGUSTINE, FL 32086	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD SAPHIER, LAWRENCE 150 SOUTHAMPTON PL VENICE, FL 34293	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD SCHULZ, RON 1200 SW 130TH AVE G-204 PEMBROKE PINES, FL 330272127	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HAUT, CHARLES 7710 DELPHIA ST. ORLANDO, FL 32807	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD DANIEL L. LUBY 4606 GREGORY DRIVE COLUMBUS, GA 31907-1232	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D JOHN J. SHINE 182 GUANA COURT FORT MEYERS, FL 33912-6312	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD JOHN E. MOSS, SR 935 WEST PINE STREET BLACKSBURG, SC 29702-8556	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE:					
RON E. SCHULZ 954-432-6040 1/17/06					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date Daytime Phone #					