

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N46459 (6)

1. Corporation Name

FLORIDA GOLD COAST CHAPTER OF THE MILITARY ORDER
OF THE WORLD WARS, INC.

Principal Place of Business

Mailing Address

4280 GALT OCEAN DR
SUITE 12-A
FT LAUDERDALE FL 33308

4280 GALT OCEAN DR
SUITE 12-A
FT LAUDERDALE FL 33308

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
12/13/1991

3a. Date of Last Report
02/04/1994

4. FEI Number
65-0302889

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

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

\$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WAYNE, GEORGE H.
4280 GALT OCEAN DR
SUITE 12-A
FT LAUDERDALE FL 33308

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD
NAME	TRICHILO, SAM J.
STREET ADDRESS	10924 NW 41ST DRIVE
CITY - ST - ZIP	CORAL SPGS. FL
TITLE	VPD
NAME	NULTY, STEVEN J.
STREET ADDRESS	2615 NE 49TH ST., APT. 209
CITY - ST - ZIP	FT. LAUDERDALE FL
TITLE	TD
NAME	WAYNE, GEO H.
STREET ADDRESS	4280 GALT OCEAN DR., #12-A
CITY - ST - ZIP	FT. LAUDERDALE FL
TITLE	S
NAME	ALGIG, WM B.
STREET ADDRESS	6616 SW 33RD STREET
CITY - ST - ZIP	MIRAMAR FL
TITLE	D
NAME	SUSSMAN, CHAS S.
STREET ADDRESS	20181 BACKNINE DRIVE
CITY - ST - ZIP	BOCA RATON FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1.1 TITLE	PD	☒ Change ☐ Addition
1.2 NAME	Charles S. Sussman	
1.3 STREET ADDRESS	20181 Back Nine Drive,	
1.4 CITY - ST - ZIP	Boca Raton 33498-4710	
2.1 TITLE	VPD	☒ Change ☐ Addition
2.2 NAME	Wallace B. Olson, Jr.	
2.3 STREET ADDRESS	801 NW 4th Ave.	
2.4 CITY - ST - ZIP	Delray Beach 33444-2507	
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE	SD	☒ Change ☐ Addition
4.2 NAME	same	
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE	VPD	☒ Change ☐ Addition
5.2 NAME	Sam Trichilo	
5.3 STREET ADDRESS	10924 NW 41st Drive	
5.4 CITY - ST - ZIP	Coral Springs, 33065-7762	
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

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 190.07(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 changed, or even attached with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 17, 1995 (315) 565-3303