FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION **ANNUAL REPORT**

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name N46459

(6)

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

FILED						
Apr 09 1997 8	8:00am					
Secretary of	State					



Principal Place of Business Mailing Address				{		
4280 GALT OCE	EAN DR	4280 GALT OCEAN DR				
SUITE 12-A		SUITE 12-A	400			
FT LAUDERDALI	E FL 33308	FT LAUDERDALE FL 33308-6	0102		3. Date Incorporated or Qualified 12/13/1991	3a. Date of Last Report 03/22/1996
2. Principal Place of Business 21		2a. Mailing Address 26		4. FEI Number 65-0302889	Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			Certificate of Status Desired	\$8.75 Additional
22		27				Fee Required
City & State		City & State			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	28	Country		B. This corporation has liability for in	
24	25	·	30		· · ·	Yes XNo
	9. Name and Address of Currer	nt Registered Agent			10. Name and Address of New Reg	istered Agent
			81	Name		
	GEORGE H.		82	Street A	dress (P.O. Box Number is Not Acceptab	e)
	4280 GALT OCEAN DR		83			
SUITE 12	Z-A DERDALE FL 33308					
רו שאטט	PERDALE PL 33300		84	City		FL 85 Zip Code
11. Pursuant	to the provisions of Sections 617.050	02 and 617,1508, Florida Statule	s, the above	e-named c	orporation submits this statement for the pe	
office or r agent. I a	registered agent, or both, in the State im familiar with, and accept the oblig	e of Florida. Such change was a lations of, Section 617.0503, Flor	uthorized by rida Statute:	the corpo 3.	orporation submits this statement for the proration's board of directors. I hereby accep	t the appointment as registered
SIGNATURE .	Signature, typed or printed name of registered age	ent and title it applicable (NOTF	Registered Age	ent signature re	equired when rainstating)	DATE
12.	· · · · · · · · · · · · · · · · · · ·	D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS IN 12
TITLE	PD	☐ DELETE	1.1 TITLE			Change Addition
NAME	SUSSMAN, CHARLES S.		1.2 NAME			
STREET ADDRESS	20181 BACK NINE DRIVE		1.3 STREET	ADDRESS		
CITY-ST-ZIP	BOCA RATON FL	DELETE	1.4 CITY - 9 2.1 TITLE	1 - 21P		Change Addition
TITLE NAME	OLSON, WALLACE B. JR.	Z. XILLI	2.2 NAME			C Change C Associate
STREET ADDRESS	801 NW 4TH AVE.	•	2.3 STREET	ADDRESS		
CITY-ST-ZIP	DELRAY BEACH FL		2. 4 CITY-		¥.	
TITLE	TD	DELETE	3.1 TITLE			Change Addition
NAME	WAYNE, GEO H.		3.2 NAME			
STREET ADDRESS	4280 GALT OCEAN DR., #12-	·A	3.3 STREET	ADDRESS		
CITY-ST-ZIP	FT. LAUDERDALE FL	DELETE	3.4. CHTY-5	ST - ZIP		Change Addition
TITLE	SD ALGIG, WM B.	☐ OFFERE	4.1 TITLE 4.2 NAME			L., Change L., Addition
NAME Street Address	6616 SW 33RD STREET		4.2 NAME	ADDRESS		
CITY-ST-ZIP	MIRAMAR FL		4.4 CITY-S			
TITLE	VPD	DELETE	5.1 TITLE			Change Addition
NAME	TRICHILO, SAM		5.2 NAME	1		
STREET ADDRESS	10924 NW 41 ST DRIVE		5.3 STREET	ADDRESS		
CITY-ST-ZIP	CORAL SPRINGS FL	The sector	5.4 CITY- S	T-ZIP		
TITUE (1875)		DELETE	6.1 TITLE	1		☐ Change ☐ Addition
NAME	•		6.2 NAME	ADDRESS		
STREET ADDRESS			6.3 STREET			
CITY-ST-ZIP	by early that the information available	d with this filing does not suglify	6.4 CITY-S		ted in Section 119 07(3)(i) Florida Statutes	I further certify that the

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 12 if changed, or on an attachment with an address.