FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAR -8 PM 3:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N93000000323 (6)

1. Corporation Name

SOVEREIGN MILITARY ORDER OF SWABIA FOUNDATION, I NC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
2180 PARK AVE. NORTH SUITE 320 WINTER PARK FL 32789	2180 PARK AVE. NORTH SUITE 320 WINTER PARK FL 32789

3. Date Incorporated or Qualified: 01/25/1993
3a. Date of Last Report: 11/18/1994
4. FEI Number: NOT APPLICABLE ☐ Applied For ☐ Not Applicable

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

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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
KERNEY, THOMAS F 1516 E. HILLCREST ST. SUITE 210 ORLANDO FL 32803	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 607.1509, 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☐ Change ☐ Addition
NAME	VON HOHENSTAUFEN, AUGUST	1.2 NAME	
STREET ADDRESS	2180 PARK AVE. N., SUITE 320	1.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER PARK FL 32789	1.4 CITY-ST-ZIP	
TITLE	DP	2.1 TITLE	O.P ☑ Change ☐ Addition
NAME	~~SEIGNIOUS, GEORGE~~ M	2.2 NAME	Col. Henry DuRant
STREET ADDRESS	~~2180 PARK AVE. N., SUITE~~ 320	2.3 STREET ADDRESS	2180 PARK AVE N. SUITE 320
CITY-ST-ZIP	~~WINTER PARK FL 32789~~	2.4 CITY-ST-ZIP	Winter Park, FL 32789
TITLE	DVT	3.1 TITLE	☐ Change ☐ Addition
NAME	PEACOCK, O L JR.	3.2 NAME	
STREET ADDRESS	2180 PARK AVE. N., SUITE 320	3.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER PARK FL 32789	3.4 CITY-ST-ZIP	
TITLE	S	4.1 TITLE	S ☐ Change ☐ Addition
NAME	~~ADKINS, MARY~~	4.2 NAME	Susan Butler
STREET ADDRESS	2180 ~~PARK AVE. N., SUITE~~ 320	4.3 STREET ADDRESS	2180 PARK AVE N. SUITE 320
CITY-ST-ZIP	~~WINTER PARK FL 32789~~	4.4 CITY-ST-ZIP	Winter PARK FL 32789
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 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 ordered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, added or deleted.

SIGNATURE: [signature] 29 Mar 1995 407-629-1064
SIGNATURE(S) & TYPED OR PRINTED NAME OF FLORIDA OFFICER OR DIRECTOR — Date — Daytime Phone #

O.P. HENRY DURANT

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