

# FILE NOW: FILING FEE IS \$61.25

<b>NONPROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1996</b>	<b>FLORIDA DEPARTMENT OF STATE</b> Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT #** N93000000323

1. Corporation Name

Sovereign Military Order of Swabia Foundation, Inc.

Principal Place of Business Mailing Address  
~~2180 Park Ave., North~~ P.O. BOX 189  
~~Winter Park, FL 32789~~ SHELTON, SC 29941

800001840728  
 -05/28/96--01031--032  
 \*\*\*61.25

2. Principal Place of Business	2a. Mailing Address
21 1516 E. Hillcrest St.	26 1516 E. Hillcrest St.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 Suite 210	27 Suite 210
City & State	City & State
23 Orlando, FL	28 Orlando, FL
Zip	Zip
24 32803	29 32803
Country	Country
25	30

3. Date Incorporated or Qualified	3a. Date of Last Report
01/25/93	1995
4. FEI Number	Applied For
	<input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	\$5.00 May Be Added to Fees
6. Election Campaign Financing Trust Fund Contribution	
<input type="checkbox"/>	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent

Thomas F. Kerney, Esq.  
 1516 E. Hillcrest St., Suite 210  
 Orlando, FL 32803

10. Name and Address of New Registered Agent

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 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	D/P <input type="checkbox"/> DELETE
NAME	August von Hohenstaufen
STREET ADDRESS	2180 Park Ave., North #320
CITY-ST-ZIP	Winter Park, FL 32789
TITLE	D/T <input type="checkbox"/> DELETE
NAME	O.L. Peacock, Jr.
STREET ADDRESS	<del>2180 Park Ave., North #320</del>
CITY-ST-ZIP	<del>Winter Park, FL 32789</del>
TITLE	D <input type="checkbox"/> DELETE
NAME	Henry C. Durant
STREET ADDRESS	2180 Park Ave., North #320
CITY-ST-ZIP	Winter Park, FL 32789
TITLE	S <input type="checkbox"/> DELETE
NAME	Susan J. Butler
STREET ADDRESS	<del>2180 Park Ave., North #320</del>
CITY-ST-ZIP	<del>Winter Park, FL 32789</del>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	48 Elm Park House <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Fulham Road, Chelsea
1.3 STREET ADDRESS	London SW10 9QD
1.4 CITY-ST-ZIP	England
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	P.O. Box 189
2.3 STREET ADDRESS	SHELTON, SC 29941
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	3619 Prentice
3.3 STREET ADDRESS	Columbia, SC 29205
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	46 BAYS ISLAND DR
4.3 STREET ADDRESS	SHELTON, SC 29941
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 119.07(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 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

30 April '96 803 846-4692

CR2E037 (12/95)

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