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Feb 14 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONSDOCUMENT # N93000003194 (8)
1. Corporation Name

DESTROYER ESCORT HISTORICAL FOUNDATION, INC.



Principal Place of Business

Mailing Address

2240 QUEENS WAY
NAPLES FL 33962
US2240 QUEENS WAY
NAPLES FL 34112-5424
US3. Date Incorporated or Qualified
07/16/19933a. Date of Last Report
01/29/1996

2. Principal Place of Business

2a. Mailing Address

21 1810 PINE AVENUE

26 1810 PINE AVENUE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 WEATHERFORD, OKLAHOMA

27 WEATHERFORD, OKLAHOMA

City & State

City & State

23 73096

28 73096

Zip

Zip

Country

Country

24 25 USA

29 30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PT ☐ DELETENAME SAYLOR, SAMUEL L.
STREET ADDRESS 2240 QUEENS WAY
CITY-ST-ZIP NAPLES FL1.1 TITLE PT ☒ Change ☐ Addition1.2 NAME SAYLOR, SAMUEL L.
1.3 STREET ADDRESS 1810 PINE AVENUE
1.4 CITY-ST-ZIP WEATHERFORD, OK 73096TITLE VT ☒ DELETENAME GOODWIN, CHARLES I.
STREET ADDRESS 170 GARRETSON CIRCLE
CITY-ST-ZIP MILLTOWN NJ2.1 TITLE T ☐ Change ☒ Addition2.2 NAME SKARVELIS, NICHOLAS, T.K.
2.3 STREET ADDRESS 33 ROCTOR ST.
2.4 CITY-ST-ZIP NY, NY 10006TITLE ST ☐ DELETENAME DAVIS, MARTIN DR.
STREET ADDRESS 15 GROUSE LANE
CITY-ST-ZIP HUNTINGTON NY3.1 TITLE VT ☒ Change ☐ Addition3.2 NAME DAVIS, MARTIN, DR.
3.3 STREET ADDRESS 15 GROUSE LANE
3.4 CITY-ST-ZIP HUNTINGTON, NY, 11743TITLE T ☐ DELETENAME IMMS, JOHN W. JR.
STREET ADDRESS 7142 VALBROOKLANE
CITY-ST-ZIP AFFTON MO4.1 TITLE T.S. ☐ Change ☒ Addition4.2 NAME McRORIE, JOHNSON W.
4.3 STREET ADDRESS 2321 HIGH RIDGE CHURCH ROAD
4.4 CITY-ST-ZIP MARSHVILLE, N.C. 28103TITLE T ☐ DELETENAME COSGROVE, JOHN P.
STREET ADDRESS 926 NATIONAL PRESS BUILDING
CITY-ST-ZIP WASHINGTON DC5.1 TITLE WINDLE, RAYMOND ☐ Change ☒ Addition5.2 NAME 2204 PLANTATION LANE
5.3 STREET ADDRESS PLANO, TX 75093-4220
5.4 CITY-ST-ZIPTITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

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

SIGNATURE: Samuel L. Saylor

2-4-97 (405) 774-2842

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone # 0080000

CR2E037 (9/96)