

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 03 1998 8:00am  
Secretary of State

|  |   |   |
|--|---|---|
| NONPROFIT<br>CORPORATION<br>ANNUAL REPORT<br><b>1998</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|---|---|

DOCUMENT # **N93000003194 (8)**

1. Corporation Name

**DESTROYER ESCORT HISTORICAL FOUNDATION, INC.**

Principal Place of Business

**1810 PINE AVE.  
WEATERFORD OK 73096  
US**

Mailing Address

**1810 PINE AVE.  
WEATHERFORD OK 73096  
US**

3. Date Incorporated or Qualified

**07/16/1993**

4. FEI Number

**65-0424749**

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

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. Is this nonprofit corporation a homeowners association?

☐ Yes

☒ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☒ No

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          | <b>PT</b>                | <input type="checkbox"/> DELETE |
| NAME           | <b>SAYLOR, SAMUEL L.</b> |                                 |
| STREET ADDRESS | <b>1810 PINE AVE.</b>    |                                 |
| CITY-ST-ZIP    | <b>WEATHERFORD OK</b>    |                                 |

|                |                            |  |
|----------------|----------------------------|--|
| TITLE          | <b>T</b>                   | <input checked="" type="checkbox"/> DELETE |
| NAME           | <b>SKARVELIS, NICHOLAS</b> |  |
| STREET ADDRESS | <b>33 RECTOR ST.</b>       |  |
| CITY-ST-ZIP    | <b>NY NY</b>               |  |

|                |                          |                                 |
|----------------|--------------------------|---------------------------------|
| TITLE          | <b>VT</b>                | <input type="checkbox"/> DELETE |
| NAME           | <b>DAVIS, MARTIN DR.</b> |                                 |
| STREET ADDRESS | <b>15 GROUSE LANE</b>    |                                 |
| CITY-ST-ZIP    | <b>HUNTINGTON NY</b>     |                                 |

|                |                          |                                 |
|----------------|--------------------------|---------------------------------|
| TITLE          | <b>T</b>                 | <input type="checkbox"/> DELETE |
| NAME           | <b>IMMS, JOHN W. JR.</b> |                                 |
| STREET ADDRESS | <b>7142 VALBROOKLANE</b> |                                 |
| CITY-ST-ZIP    | <b>AFFTON MO</b>         |                                 |

|                |                                    |                                 |
|----------------|------------------------------------|---------------------------------|
| TITLE          | <b>T</b>                           | <input type="checkbox"/> DELETE |
| NAME           | <b>COSGROVE, JOHN P.</b>           |                                 |
| STREET ADDRESS | <b>926 NATIONAL PRESS BUILDING</b> |                                 |
| CITY-ST-ZIP    | <b>WASHINGTON DC</b>               |                                 |

|                |  |                                 |
|----------------|--|---------------------------------|
| TITLE          |  | <input type="checkbox"/> DELETE |
| NAME           |  |                                 |
| STREET ADDRESS |  |                                 |
| CITY-ST-ZIP    |  |                                 |

|                    |   |
|--------------------|---|
| 1.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME           |   |
| 1.3 STREET ADDRESS |   |
| 1.4 CITY-ST-ZIP    |   |

|                    |  |
|--------------------|--|
| 2.1 TITLE          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME           | <b>RAYMOND WINDLE</b>  |
| 2.3 STREET ADDRESS | <b>2204 PLANTATION LANE</b>  |
| 2.4 CITY-ST-ZIP    | <b>PLANO, TEXAS 75093-4220</b>   |

|                    |   |
|--------------------|---|
| 3.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME           |   |
| 3.3 STREET ADDRESS |   |
| 3.4 CITY-ST-ZIP    |   |

|                    |   |
|--------------------|---|
| 4.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME           |   |
| 4.3 STREET ADDRESS |   |
| 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 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:

**SAYLOR, SAMUEL L.** 1-6-98 580-774-2842

CR2E037 (10/97)