

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Feb 23, 1999 8:00 am  
Secretary of State

02-23-1999 90086 028 \*\*\*\*61.25

DOCUMENT # N93000003194

1. Corporation Name

DESTROYER ESCORT HISTORICAL FOUNDATION, INC.

Principal Place of Business

1810 PINE AVE.  
WEATHERFORD OK 73096  
US

Mailing Address

1810 PINE AVE.  
WEATHERFORD OK 73096  
US

1032703 90086 28



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

07/16/1993

4. FEI Number

65-0424749

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

\$5.00 May Be  
Added to Fees

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

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

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

PT  
SAYLOR, SAMUEL L.  
1810 PINE AVE.  
WEATHERFORD OK

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

T  
WINDLE, RAYMOND  
2204 PLANTATION LN  
PLANO TX 75093

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

VT  
DAVIS, MARTIN DR.  
15 GROUSE LANE  
HUNTINGTON NY

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

T  
IMMS, JOHN W. JR.  
7142 VALBROOKLANE  
AFFTON MO

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

T  
COSGROVE, JOHN P.  
926 NATIONAL PRESS BUILDING  
WASHINGTON DC

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

T  
[Illegible Name]  
[Illegible Address]  
[Illegible City-State-Zip]

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change

☐ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

TREASURER  
JOHNSON MC RORIE  
1111 MARTHA DRIVE  
MONROE, NC 28112

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-7-99

580-774-2842

Date

Daytime Phone #

CR2E037 (11/98)