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 FEB 15 PM 3:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N94000001078 (4)

1. Corporation Name
FOURTH MARINE DIVISION ASSOCIATION CLAYTON CASTO N FLORIDA CHAPTER NO. 9, INC.

Principal Place of Business	Mailing Address
2216 SEAGRAPE CR. COCONUT CREEK FL 33066-2025	2216 SEAGRAPE CR. COCONUT CREEK FL 33066-2025

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/28/1994
3a. Date of Last Report:
4. FEI Number: 74-2207175 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 26	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
City & State 23	City & State 28	7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒	$68.75 Supplemental Fee Not Required
Zip 24 / Country 25	Zip 29 / Country 30	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
STEARN, JACK 2216 SEAGRAPE CR. COCONUT CREEK FL 33066-2025	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 607.1508, 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 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	P TRUSTEE	1.1 TITLE	☐ Change ☐ Addition
NAME	LIPOWSKI, STANLEY	1.2 NAME	
STREET ADDRESS	709 WOOD LANE	1.3 STREET ADDRESS	
CITY-ST-ZIP	KISSIMMEE FL 34759	1.4 CITY-ST-ZIP	
TITLE	V	2.1 TITLE	V ☒ Change ☐ Addition
NAME	CONROY, PATRICK J	2.2 NAME	SCHUSTER, George F.
STREET ADDRESS	3101 NE 47TH CT., #207	2.3 STREET ADDRESS	17 Koala Bear Path
CITY-ST-ZIP	FT. LAUDERDALE FL 33308	2.4 CITY-ST-ZIP	Ormond Beach, FL 32174
TITLE	S	3.1 TITLE	S ☒ Change ☐ Addition
NAME	SEMONS, WILLIAM J	3.2 NAME	KOEHL, Charles W.
STREET ADDRESS	508 44TH AVE., EAST, Q-16	3.3 STREET ADDRESS	815 Rolling Woods Lane
CITY-ST-ZIP	BRADENTON FL 34203	3.4 CITY-ST-ZIP	Lakeland, FL 33813
TITLE	T	4.1 TITLE	☐ Change ☐ Addition
NAME	KENYON, CHARLES F	4.2 NAME	
STREET ADDRESS	6580 E. GLENCOE ST.	4.3 STREET ADDRESS	
CITY-ST-ZIP	INVERNESS FL 34452	4.4 CITY-ST-ZIP	
TITLE	D TRUSTEE	5.1 TITLE	☐ Change ☐ Addition
NAME	STEARN, JACK	5.2 NAME	
STREET ADDRESS	2216 SEAGRAPE CR.	5.3 STREET ADDRESS	
CITY-ST-ZIP	COCONUT CREEK FL 33066-2025	5.4 CITY-ST-ZIP	
TITLE	TRUSTEE	6.1 TITLE	☐ Change ☐ Addition
NAME	THOMAS J. O'DONNELL	6.2 NAME	
STREET ADDRESS	7420 S.W. 13TH TERRACE	6.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33158	6.4 CITY-ST-ZIP	✱ deposited by Bank

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 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: Charles F. Kenyon CHARLES F. KENYON 01/23/95 (904)726-6140
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

FEI 3-16-95

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