FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

1996

Principal Place of Business

DOCUMENT #
1. Corporation Name

N9400001078 (4)

Mailing Address

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

2216 SEAGR COCONUT (IAPE CR. Creek Fl 33066-2025	2216 SEAGRAPE CR. COCONUT CREEK FL	216 SEAGRAPE CR. OCONUT CREEK FL 33066-2025							
						3. Date Incorporated or Qualified 02/28/1994 3a. Date of Last Report 02/15/1995				
2. Principal P	lace of Business	2a. Mailing Address 26				4. FEI Number Applied For 74-2207175 Not Applied			Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.75 Additional Fee Required		
City & State		City & State				Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees		
Ζιρ 24	Country 25	Zıp 29	Country 30			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 Re				
			8	۱ ۱	lame					
STEARN, JACK 2216 SEAGRAPE CR.			8	2 5	Street Adding	Arkiress (P.O. Box Number is Not Acceptable)				
	UT CREEK FL 33066-2025		83							
			8		City	ation submits this statement for the purpo	FL	1 1	Zıp Code	
SIGNATURE	ith, and accept the obligations of, Section Signature, typed or printed name of registered agent a OFFICERS AND	and title if applicable (NO	O*E Registered Ag	ent s.g	nature required	<u>`</u>	DATE	-105.01		
TIME	PT OFFICERS AND	DELETE				ADDITIONS/CHANGES TO OFFIC				
NAME	LIPOWSKI, STANLEY	Prefere	1 1 THILE		P	T	¥	Change	Addition	
STREET ADDRESS	709 WOOD LANE		12 NAME		S	CHUSTER, George F				
CITY-ST-ZIP	KISSIMMEE FL 34759		13 STRE		1	7 Koala Bear Dath				
TITLE	V V	DELETE	14 CITY- 21 TITLE		<u>ا</u> ا	rmond Beach, FL	3217 4	1 Change	Addition	
NAME	SCHUSTER, GEORGE F	Dotter	2 1 IIILE 2 2 NAME				X	Unange	Addition	
STREET ADDRESS	17 KOALA BEAR PATH		2 3 STREE		reess E (EMONS, William J.	_			
CITY - ST - ZIP	ORMOND BEACH FL 32174		2 4 City		0	08 44th Ave., Eas	t, Q-	16		
TITLE	S	DELETE	3 1 TITLE		B1	radeton, FL 3420	3	Change	Addition	
NAME	KOEHL, CHARLES W		3.2 NAME							
STREET ADDRESS	815 ROLLING WOODS LANE		3 3 STREE	ET ADD	PRESS					
CITY - ST - ZIP	LAKELAND FL 33813		3.4 City	· ST-Z	IP					
TITLE	T	DELETE	4 1 TITLE					Change	Addition	
NAME	KENYON, CHARLES F		4 2 NAM	E						
STREET ADDRESS	6580 E. GLENCOE ST.		4 3 STREE	T ADD	PRESS				;	
CITY-ST-ZIP	INVERNESS FL 34452		4 4 CITY-	ST-21	Р					
TITLE	DT	DELETE	51 TITLE		Ì			Change	Addition Addition	
NA.ME	STEARN, JACK		5.2 NAME							
STREET ADDRESS	2216 SEAGRAPE CR.		5 3 \$TRE	T ADD	RESS					
CITY-ST-ZIP	COCONUT CREEK FL 33066-2	· · · · · · · · · · · · · · · · · · ·	5 4 CITY -	ST - ZII	Р					
TITLE		DELETE	61 THILE		T		$\overline{\mathbf{x}}$	Change	☐ Addition	
NAME STOREST ARROSSOS	O'DONNELL, THOMAS J		6.2 NAME		LI	POWSKI, Stanley				
STREET ADDRESS	7420 S.W. 139 TERRACE		6 3 STREE		^{RESS} 70	9 Wood Lane				
CITY ST. 7IP	MIAMIPI CCINX		C A CITY	CT 711	n I	-				

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 13 if changed, or on an attachment with an address SIGNATURE: Charles J. Kenyon CHARLES F. KENYON SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/5/96

(352)726-6140

Daytime Phone #