


FILE NOW: FILING FEE IS \$61.25

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Mar 17 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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**

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COCONUT CREEK FL 33066-2025**



2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 02/28/1994	3a. Date of Last Report 02/07/1996
4. FEI Number 74-2207175		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Election Campaign Financing <input type="checkbox"/>		\$5.00 May Be Added to Fees			
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 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 <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHUSTER, GEORGE E	1.2 NAME	TEUCHERT JOHN J
STREET ADDRESS	17 KOALA BEAR PATH	1.3 STREET ADDRESS	705 W. MARLIN CIRCLE
CITY-ST-ZIP	ORMOND BEACH FL	1.4 CITY-ST-ZIP	BAREFOOT BAY, FL. 32976-2581
TITLE	VT <input checked="" type="checkbox"/> DELETE	2.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SEMONS, WILLIAM J	2.2 NAME	SMITH CARROLL E
STREET ADDRESS	508 44TH AVENUE EAST, # Q-16	2.3 STREET ADDRESS	1477 MARSH RABBIT WAY
CITY-ST-ZIP	BRADENTON FL	2.4 CITY-ST-ZIP	ORANGE PARK, FL. 32073-7049
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KOEHL, CHARLES W	3.2 NAME	
STREET ADDRESS	815 ROLLING WOODS LANE	3.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL 33813	3.4 CITY-ST-ZIP	
TITLE	T <input checked="" type="checkbox"/> DELETE	4.1 TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KENYON, CHARLES F	4.2 NAME	ASH, LEONARD J
STREET ADDRESS	6580 E. GLENCOE ST.	4.3 STREET ADDRESS	212 MALLARD LANE
CITY-ST-ZIP	INVERNESS FL 34452	4.4 CITY-ST-ZIP	DAYTONA BEACH FL. 32119-1307
TITLE	DT <input checked="" type="checkbox"/> DELETE	5.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEARN, JACK	5.2 NAME	SCHUSTER GEORGE E
STREET ADDRESS	2216 SEAGRAPE CR.	5.3 STREET ADDRESS	17 KOALA BEAR PATH
CITY-ST-ZIP	COCONUT CREEK FL 33066-2025	5.4 CITY-ST-ZIP	ORMOND BEACH, FL. 32174-2958
TITLE	T <input checked="" type="checkbox"/> DELETE	6.1 TITLE	
NAME	LIPOWSKI, STANLEY	6.2 NAME	
STREET ADDRESS	709 WOOD LANE	6.3 STREET ADDRESS	
CITY-ST-ZIP	KISSIMMEE FL	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:

Leonard J. Ash 03/11/97 (904) 760-3707

CR2E037 (9/96)