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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N94000001078

1. Corporation Name

**FOURTH MARINE DIVISION ASSOCIATION CLAYTON CASTON
FLORIDA CHAPTER NO. 9, INC.**

Principal Place of Business

630 SE 11TH ST
POMPANO BCH FL 33060
US

Mailing Address

630 SE 11TH ST
POMPANO BCH FL 33060
US



2. Principal Place of Business

21

Suite, Apt. #, etc.

22 Private Individual Residence

City & State

23 Pompano Beach Bld

Zip

24 33060

Country

25 Broward

2a. Mailing Address

26 630 SE 11th St

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

3. Date Incorporated or Qualified

02/28/1994

4. FEI Number

74-2207175

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

FORGIONE, ANTHONY G
630 SE 11TH ST
POMPANO BCH FL 33060

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

Anthony G. Forgione

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstalling)

DATE

12.

OFFICERS AND DIRECTORS

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

PD
TEUCHERT, JOHN J
705 W MARLIN CIRCLE
BAREFOOT BAY FL

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

VP
KENYON, CHARLES
6580 E GLENCOE ST
INVERNESS FL 34452

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SD
KOEHL, CHARLES W
815 ROLLING WOODS LANE
LAKELAND FL

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

T
FORGIONE, ANTHONY
630 SE 11TH ST
POMPANO BCH FL 33060

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

D
SCHUSTER, GEORGE E
17 KOALA BEAR PATH
ORMOND BEACH FL

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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

☐ Change

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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:

Anthony G. Forgione
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)

Jan 5, 1999 954-942-2724