

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N94000001370 (5)

1. Corporation Name

COL. JAMES B. "BULL" HENDRY CHAPTER, INC.



Principal Place of Business

**120 B RIO DEL MAR BLVD.
ST. AUGUSTINE FL 32084**

Mailing Address

**120 B RIO DEL MAR BLVD.
ST. AUGUSTINE FL 32084**

3. Date Incorporated or Qualified
03/17/1994

3a. Date of Last Report
08/25/1995

2. Principal Place of Business

21 36351 PEAK ST.

2a. Mailing Address

26 36351 PEAK ST.

4. FEI Number
71-0553114

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

City & State

23 ZEPHYRHILLS, FL.

City & State

28 ZEPHYRHILLS, FL.

6. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

Zip Country

24 33541

Zip

29 33541

Country

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

**CLARK, ROBERT C
1936 14TH AVE.
VERO BEACH FL 32960**

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 if not applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **P**
STREET ADDRESS **DORTON, WALTER M**
CITY-ST-ZIP **120 B RIO DEL MAR ROAD
ST. AUGUSTINE FL 32084**

TITLE ☐ DELETE
NAME **V**
STREET ADDRESS **ELBERSON, NORMAN T**
CITY-ST-ZIP **120 B RIO DEL MAR ROAD
ST. AUGUSTINE FL 32084**

TITLE ☐ DELETE
NAME **S**
STREET ADDRESS **WHITE, CARL**
CITY-ST-ZIP **417 CELTIC AVE.
SEBASTIAN FL 32958**

TITLE ☐ DELETE
NAME **T**
STREET ADDRESS **FLANNERY, EDWIN**
CITY-ST-ZIP **120 B RIO DEL MAR ROAD
ST. AUGUSTINE FL 32084**

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **ROTH, LOUIS H**
CITY-ST-ZIP **120 B RIO DEL MAR ROAD
ST. AUGUSTINE FL 32084**

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **HALL, E.T.**
CITY-ST-ZIP **1535 BELUTHAHATCHEE RD.
JACKSONVILLE FL 32259**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☒ Change ☐ Addition
12 NAME **P**
13 STREET ADDRESS **ELBERSON, NORMAN T.**
14 CITY-ST-ZIP **36351 PEAK ST.
ZEPHYRHILLS, FL. 33541**

21 TITLE ☒ Change ☐ Addition
22 NAME **V**
23 STREET ADDRESS **MURPHY, JAMES H.**
24 CITY-ST-ZIP **36351 PEAK ST.
ZEPHYRHILLS, FL 33541**

31 TITLE ☒ Change ☐ Addition
32 NAME **S**
33 STREET ADDRESS **DORTON, WALTER M.**
34 CITY-ST-ZIP **36351 PEAK ST.
ZEPHYRHILLS, FL. 33541**

41 TITLE ☐ Change ☐ Addition
42 NAME **T**
43 STREET ADDRESS **SAME**
44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition
52 NAME **D**
53 STREET ADDRESS **SAME**
54 CITY-ST-ZIP

61 TITLE ☒ Change ☐ Addition
62 NAME **D.**
63 STREET ADDRESS **PIPER, ROBERT**
64 CITY-ST-ZIP **36351 PEAK ST.
ZEPHYRHILLS, FL. 33541**

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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Edwin E. Flannery
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/96

Date

589 407 8973

Daytime Phone #

CR2E037 (12/95)