


FILE NOW: FILING FEE IS \$61.25

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Feb 03 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N95000001911 (5)**

1. Corporation Name

ORDER OF THE HONORABLE ARTILLERY COMPANY INC.



Principal Place of Business 545 GARFIELD AVE LAS PALMAS #602 COCOA BEACH FL 32931-4094	Mailing Address 545 GARFIELD AVE LAS PALMAS #602 COCOA BEACH FL 32931-4094 US
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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
BREVARD	BREVARD

3. Date Incorporated or Qualified 04/18/1995	4. FEI Number 59-3310985	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

9. Name and Address of Current Registered Agent SCHEMP, GEORGE C 228 SAN PAULO CIR W MELBOURNE FL 32904	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
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE SEC/TREASD	<input type="checkbox"/> DELETE	1.1 TITLE STD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CLAGHORN, CHAS E		1.2 NAME	
STREET ADDRESS 545 GARFIELD AVE #602		1.3 STREET ADDRESS	
CITY-ST-ZIP COCOA BEACH FL 32931-4094		1.4 CITY-ST-ZIP	
TITLE PD	<input type="checkbox"/> DELETE	2.1 TITLE PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SCHEMP, GEORGE C		2.2 NAME	
STREET ADDRESS 228 SAN PAULO CIR		2.3 STREET ADDRESS	
CITY-ST-ZIP WEST MELBOURNE FL 32904		2.4 CITY-ST-ZIP	
TITLE S	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME NEWELL, KELLOG JR		3.2 NAME	
STREET ADDRESS 3929 OLD HWY 37-UNIT 93		3.3 STREET ADDRESS	
CITY-ST-ZIP LAKELAND FL 33813		3.4 CITY-ST-ZIP	
TITLE D	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME IRVIN, RICHARD JR		4.2 NAME	
STREET ADDRESS 398 MCNABB PKWY		4.3 STREET ADDRESS	
CITY-ST-ZIP COCOA BEACH FL 32931		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE VPD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME WILLIAM E. SMITH, JR	
STREET ADDRESS		5.3 STREET ADDRESS 400 RIVIERA BLVD. E.	
CITY-ST-ZIP		5.4 CITY-ST-ZIP INDIAN LANTIC, FL-32903-4004	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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.

SIGNATURE: **C. E. CLAGHORN** 1/7/97 407-784-5285

CR2E037 (10/97)