


FILE NOW: FILING FEE IS \$61.25

FILED
Mar 24 1997 8:00am
Secretary of State

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

DOCUMENT # **N96000004867 (5)**

1. Corporation Name

VETERANS MEMORIAL BUILDING ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**300 N THIRD ST
LEESBURG FL 34748**

**300 N THIRD ST
LEESBURG FL 34748-5108**



3. Date Incorporated or Qualified **09/19/1996** 3a. Date of Last Report **3-17-97**

| | | | | | | | |
|--------------------------------|--|------------------------|--|--|--|--|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 4. FEI Number 59-3426231 | | Applied For <input type="checkbox"/> Not Applicable | |
| 21 Suite, Apt. #, etc. | | 26 Suite, Apt. #, etc. | | 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 22 City & State | | 27 City & State | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| 23 Zip | | 28 Zip | | 29 Country | | 30 Country | |
| 24 | | 25 | | 29 | | 30 | |

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PARKER, MILLARD B
05301 BRYON RD
FRUITLAND PARK FL 34731**

| | |
|---|--------------|
| 81 Name | |
| 82 Street Address (P.O. Box Number is Not Acceptable) | |
| 83 | |
| 84 City | FL |
| 85 Zip Code | 34731 |

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 | DP <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | PARKER, MILLARD B | 1.2 NAME | |
| STREET ADDRESS | 05301 BYRON RD | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | FRUITLAND PARK FL 34731 | 1.4 CITY-ST-ZIP | |
| TITLE | DV <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SAVAGE, GORDON H JR | 2.2 NAME | |
| STREET ADDRESS | P O BOX 350475 N/A | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | GRAND ISLAND FL 32735-0475 | 2.4 CITY-ST-ZIP | |
| TITLE | DST <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MACLARTY, ARCHIE | 3.2 NAME | |
| STREET ADDRESS | P O BOX 441 | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | OKAHUMPKA FL 34762 | 3.4 CITY-ST-ZIP | |
| TITLE | DT <input checked="" type="checkbox"/> DELETE | 4.1 TITLE | DT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | HARTPENCE, DON | 4.2 NAME | ROGER N. BRITTS, SR. |
| STREET ADDRESS | 37531 LEOGETT LN | 4.3 STREET ADDRESS | 800 LAKE PORT BOULEVARD H 403 |
| CITY-ST-ZIP | LADY LAKE FL 32180 | 4.4 CITY-ST-ZIP | LEESBURG, FL. 34748-7663 |
| TITLE | D <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | WESSLING, VINCENT | 5.2 NAME | |
| STREET ADDRESS | 2503 SOUTH ST | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | LEESBURG FL 34748 | 5.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | 100002122761 |
| STREET ADDRESS | | 6.3 STREET ADDRESS | -03/24/97--01200--011 |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | ***61.25 |

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: *M. B. Parker* **MILLARD B. PARKER** - 3-17-97 3:24
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0070131

CR2E037 (9/96)