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Feb 13 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 # 724893 (3)

1. Corporation Name

DELTONA POST 10096 VETERANS OF FOREIGN WARS OF THE UNITED STATES, INC.

Principal Place of Business

Mailing Address

~~111 MERRIMAC ST X~~
~~DELTONA FL 32725 X~~

~~895 SAXON BL.~~
~~DELTONA FL 32725 X~~
MEETING PLACE BLUE SPRINGS RD. DELTONA, FL.
32725
ORANGE CITY, FL. 32763

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

3a. Date of Last Report

11/29/1972

04/16/1996

4. FEI Number

Applied For

23-7115052

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

☒ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name

E.L. BUMGARDNER

82 Street Address (P.O. Box Number is Not Acceptable)

895 SAXON BL.

83

DELTONA

84 City

FL

85 Zip Code
32725

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 E.L. BUMGARDNER

E.L. Bumgardner

(NOTE: Registered Agent signature required when reinstating)

DATE

JAN. 20, 1997

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input type="checkbox"/> DELETE
NAME	GENDRON, LEON A.	
STREET ADDRESS	847 MERRIMAC ST.	
CITY-ST-ZIP	DELTONA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	VOELZ, MARSHALL	
STREET ADDRESS	1977 EUSTACE AVENUE	
CITY-ST-ZIP	DELTONA FL	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	LAVERY, DONALD J.	
STREET ADDRESS	615 MERRIMAC STREET	
CITY-ST-ZIP	DELTONA FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	MCFADDEN, THOMAS J.	
STREET ADDRESS	1217 BUCCANEER AVE.	
CITY-ST-ZIP	DELTONA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SMITH, RICHARD F.	
STREET ADDRESS	2472 L. H. OSTEEN RD.	
CITY-ST-ZIP	DELTONA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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:

E.L. Bumgardner

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 001583

CR2E037 (9/96)