

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **729896** (1)

1. Corporation Name

ENGLEWOOD POST NO. 10178, VETERANS FOR FOREIGN WARS OF THE UNITED STATES, INC.



Principal Place of Business

Mailing Address

**550 MCCALL RD
ENGLEWOOD FL 34223
US**

**550 MCCALL RD
ENGLEWOOD FL 34223
US**

3. Date Incorporated or Qualified
06/10/1974

3a. Date of Last Report
01/23/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number
52-1664051

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

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

City & State

City & State

23

28

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

24

25

Country

29

Zip

30

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

**KELCHNER, EARL M
901 N BOUNDARY RD
ENGLEWOOD FL 34223**

81 Name **Fred S Williams**
82 Street Address (P.O. Box Number is Not Acceptable)
10265 Reims Ave
83
84 City **Englewood** FL 85 Zip Code **34224**

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

Fred S Williams

Fred S Williams

Quartermaster

2/2/96

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 ☒ DELETE
NAME **CMD STEVENS, JOHN**
STREET ADDRESS **10133 ASBURY AVE**
CITY-ST-ZIP **ENGLEWOOD FL 34224**

11 TITLE ☐ Change ☒ Addition
12 NAME **CMD Charles W Griscom**
13 STREET ADDRESS **6334 Conniston**
14 CITY-ST-ZIP **Port Charlotte FL 33981**

TITLE ☒ DELETE
NAME **VCM D REED, HOWARD E**
STREET ADDRESS **P O BOX 649 NA**
CITY-ST-ZIP **ENGLEWOOD FL**

21 TITLE ☐ Change ☒ Addition
22 NAME **VCM D Dudley K Arzamarsn**
23 STREET ADDRESS **7069 Larkin St**
24 CITY-ST-ZIP **Englewood FL 34224**

TITLE ☒ DELETE
NAME **D REDDY, JOHN T**
STREET ADDRESS **201 E. LANGSNER ST**
CITY-ST-ZIP **ENGLEWOOD FL**

31 TITLE ☐ Change ☒ Addition
32 NAME **D James T Dacey**
33 STREET ADDRESS **1192 Seahorse Lane**
34 CITY-ST-ZIP **Englewood FL 34224**

TITLE ☒ DELETE
NAME **QM KELCHNER, EARL M**
STREET ADDRESS **901 N BOUNDARY RD**
CITY-ST-ZIP **ENGLEWOOD FL**

41 TITLE ☐ Change ☒ Addition
42 NAME **QM Fred S. Williams**
43 STREET ADDRESS **10265 Reims Ave**
44 CITY-ST-ZIP **Englewood, FL 34224**

TITLE ☐ DELETE
NAME **D AUGUST, RICHARD**
STREET ADDRESS **565 SANDLOR DR**
CITY-ST-ZIP **ENGLEWOOD FL**

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

TITLE ☐ DELETE
NAME **D CICIO, OTIS**
STREET ADDRESS **9390 HEARTWELLVILLE**
CITY-ST-ZIP **ENGLEWOOD FL**

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

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: *CW Griscom* **C.W. GRISCOM**

2 FEB 1996

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)