

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 27 PM 4:20

DOCUMENT # **733894** (0)

1. Corporation Name
ANDRE' 'ANDY' J. MATTON POST NO. 10130 VETERANS OF FOREIGN WARS OF THE UNITED STATES, INC.

Principal Place of Business 710 SW AIROSO BLVD PORT ST LUCIE FL 34903 US	Mailing Address P.O. BOX 7339 P.O. BOX 34905 PT ST LUCIE FL 34905-4339 US
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 09/22/1975	3a. Date of Last Report 06/30/1994
4. FEI Number 23-7113088	Applied For 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. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for Intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24 25	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 30
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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CONSER, RUSSEL, S., QM
710 SW AIROSO BLVD
PORT ST. LUCIE FL 34903

B1 Name	B2 Street Address (P.O. Box Number is Not Acceptable)	B3	B4 City	B5 Zip Code
			FL	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE *Russell S. Conser*
Signature (and or typed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	BRINTON, TURNER
STREET ADDRESS	3100 SE PRUITT RD G-102
CITY-ST-ZIP	PT ST LUCIE, FL 00000
TITLE	V
NAME	SPOTTO, ERNEST A
STREET ADDRESS	476 SW BYRON ST
CITY-ST-ZIP	PT ST LUCIE, FL 00000
TITLE	S
NAME	CONSER, RUSSEL, S
STREET ADDRESS	710 SW AIROSO BLVD
CITY-ST-ZIP	PT ST LUCIE, FL 00000
TITLE	D
NAME	MITCHELL, RAYMOND
STREET ADDRESS	130 NW AIROSO BLVD
CITY-ST-ZIP	PT ST LUCIE, FL 00000
TITLE	D
NAME	RADULSKI, FRANCIS
STREET ADDRESS	684 SW DALTON CIR
CITY-ST-ZIP	PT ST LUCIE, FL 00000
TITLE	D
NAME	HUNT, ERNEST, A
STREET ADDRESS	766 SW DEL RIO BLVD
CITY-ST-ZIP	PT ST LUCIE, FL 00000

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(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 liquidator 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 affidavit.

SIGNATURE: *Russell S. Conser* *1/23/95* (407) 578-0959
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER, DIRECTOR Date Daytime Phone #