

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 # **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 34983
US**

Mailing Address
**P.O. BOX 7339
P.O. BOX 34985
PT ST LUCIE FL 34985-4339
US**

3. Date Incorporated or Qualified **09/22/1975** 3a. Date of Last Report **01/27/1995**

| | | | | | | | | | |
|----|--------------------------------|----|---------------------|----|---|--------------------------|--------------------------|-------------------------|--|
| 21 | 2. Principal Place of Business | 2a | Mailing Address | 4. | FEI Number 23-7113088 | Applied For | <input type="checkbox"/> | Not Applicable | |
| 22 | Suite, Apt. #, etc. | 27 | Suite, Apt. #, etc. | 5. | Certificate of Status Desired | <input type="checkbox"/> | \$8.75 | Additional Fee Required | |
| 23 | City & State | 28 | City & State | 6. | Election Campaign Financing Trust Fund Contribution | <input type="checkbox"/> | \$5.00 | May Be Added to Fees | |
| 24 | Zip | 25 | Country | 29 | Zip | 30 | Country | 8. | This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |

9. Name and Address of Current Registered Agent

**CONSER, RUSSEL, S., OM
710 SW AIROSO BLVD
PORT ST. LUCIE FL 34983**

10. Name and Address of New Registered Agent

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

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 re-registering) DATE _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|---|---|--|
| TITLE | P <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BRINTON, TURNER | 1.2 NAME | |
| STREET ADDRESS | 3100 SE PRUITT RD G-102 | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | PT ST LUCIE, FL 00000 | 1.4 CITY-ST-ZIP | |
| TITLE | V <input checked="" type="checkbox"/> DELETE | 2.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SPOTTO, ERNEST A | 2.2 NAME | V. KATHERINE L. MISTEN |
| STREET ADDRESS | 478 SW BYRON ST | 2.3 STREET ADDRESS | 2265 SE MASTER AVE |
| CITY-ST-ZIP | PT ST LUCIE, FL 00000 | 2.4 CITY-ST-ZIP | PORT ST LUCIE FLA 34952 |
| TITLE | S <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | CONSER, RUSSEL, S | 3.2 NAME | |
| STREET ADDRESS | 710 SW AIROSO BLVD | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | PT ST LUCIE, FL 00000 | 3.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MITCHELL, RAYMOND | 4.2 NAME | |
| STREET ADDRESS | 130 NW AIROSO BLVD | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | PT ST LUCIE, FL 00000 | 4.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | RADULSKI, FRANCIS | 5.2 NAME | |
| STREET ADDRESS | 664 SW DALTON CIR | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | PT ST LUCIE, FL 00000 | 5.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | HUNT, ERNEST, A | 6.2 NAME | |
| STREET ADDRESS | 756 SW DEL RIO BLVD | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | PT ST LUCIE, FL 00000 | 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 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: **BRENTON W. TURNER** *Brenton W. Turner* 4/1/96 407-335-5261
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)

Handwritten initials and date