

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **749266** (3)

1. Corporation Name

**FLAGLER COUNTY POST NO. 5213, VETERANS OF FOREIGN WARS OF THE UNITED STATES**



Principal Place of Business: **PO BOX 2075 BUNNELL FL 32110**  
Mailing Address: **PO BOX 2075 BUNNELL FL 32110**

3. Date Incorporated or Qualified <b>10/10/1979</b>	3a. Date of Last Report <b>03/15/1995</b>
4. FEI Number <b>59-6162521</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
<b>WRIGHT, ROBERT HOWARD, M.D.</b> <b>14 ZODIAC PLACE</b> <b>PO BOX 2348</b> <b>32110</b>		81. Name	
		82. Street Address (P.O. Box Number is Not Acceptable)	
		83.	
		84. City	<b>FL</b>
		85. Zip Code	

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 reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>P</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BARZELOGNA, RICHARD S</b>	1.2 NAME	
STREET ADDRESS	<b>RR 3 BOX 5200</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PALATKA FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>V</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SHAW, JAMES F.</b>	2.2 NAME	
STREET ADDRESS	<b>370 LAMBERT AVE.</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>FLGLER BCH. FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>TD</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WRIGHT, ROBERT HOWARD</b>	3.2 NAME	
STREET ADDRESS	<b>BOX 2348 N/A</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BUNNELL FL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>SD</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SHEEYHAY, JAMES F.</b>	4.2 NAME	
STREET ADDRESS	<b>1802 N. CENTRAL AVE.</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>FLGLER BCH. FL</b>	4.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PFALZGRAF, HOWARD</b>	5.2 NAME	
STREET ADDRESS	<b>BOX 1733 N/A</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BUNNELL FL</b>	5.4 CITY-ST-ZIP	
TITLE	<b>T</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WRIGHT, JAMES H.</b>	6.2 NAME	
STREET ADDRESS	<b>112 BREN MAR LANE</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PALM COAST FL</b>	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: *[Signature]* **1-29-96** **904 437-3622**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)