

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 # **752056** (2)

1. Corporation Name

LAKE PANASOFFKEE POST NO 10084 VETERANS OF FOREIGN WARS OF THE UNITED STATES, INC.



Principal Place of Business

HWY 470 & C.R. 439
P O BOX 391
LAKE PANASOFFKEE FL 33538

Mailing Address

HWY 470 & C.R. 439
P O BOX 391
LAKE PANASOFFKEE FL 33538

3. Date Incorporated or Qualified **04/16/1980** 3a. Date of Last Report **05/01/1995**

4. FEI Number **23-7403193** Applied For 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

21. Suite, Apt. #, etc. 22. City & State 23. Zip Country 24. 25. 26. 27. 28. 29. 30.

9. Name and Address of Current Registered Agent

**ANTLEY, WILLIAM
P.O. BOX 144 NA
LAKE PANASOFFKEE FL 33538**

10. Name and Address of New Registered Agent

81 Name **Fields, Thomas**
82 Street Address (P.O. Box Number is Not Acceptable) **P.O. Box 161**
83
84 City **Oxford** FL 85 Zip Code **34484**

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 **Thomas F. Fields** T *[Signature]* DATE **1-25-96**

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	HAVENS, CHASTINE B.	
STREET ADDRESS	3570 CR 405D	
CITY - ST - ZIP	LAKE PANASOFFKEE FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	JYSON, JERRY E. SR.	
STREET ADDRESS	524 N.W. 13TH DR.	
CITY - ST - ZIP	LAKE PANASOFFKEE FL	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	FIELDS, THOMAS	
STREET ADDRESS	1853 N.W. 115TH AVE.	
CITY - ST - ZIP	OXFORD FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ROBERTS, JAMES	
STREET ADDRESS	11136 NW 15TH ST	
CITY - ST - ZIP	WILDWOOD FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	COWLES, ROSS C.	
STREET ADDRESS	1557 CR 434 A	
CITY - ST - ZIP	LAKE PANASOFFKEE FL	
TITLE	TR	<input checked="" type="checkbox"/> DELETE
NAME	TYSON, JERRY E. JR.	
STREET ADDRESS	524 NW 13TH DR.	
CITY - ST - ZIP	LAKE PANASOFFKEE FL	

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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Tyson Jerry E. SR
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 checked="" type="checkbox"/> Addition
6.2 NAME	DUPONT ARMAND G III
6.3 STREET ADDRESS	P.O. Box 981
6.4 CITY - ST - ZIP	BUSHNELL FL. 33513

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: **Thomas F. Fields** *[Signature]* DATE **1-25-96** (904) 793-2054

CR2E037 (12/95)