

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
May 22 1997 8:00am
Secretary of State

DOCUMENT # **N49413** (0)

1. Corporation Name

PAUL J. YOHMAN MEMORIAL VFW POST 7115, INC.



Principal Place of Business

Mailing Address

**6561 SUNSET STRIP
SUNRISE FL 33313**

**6561 SUNSET STRIP
SUNRISE FL 33313-2838**

3. Date Incorporated or Qualified **06/17/1992** 3a. Date of Last Report **02/26/1996**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number
59-6209824

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**KUEBLER, JOSEPH W
6561 SUNSET STRIP
SUITE 200
SUNRISE FL 33313**

81 Name

Dembicki, Harry

82 Street Address (P.O. Box Number is Not Acceptable)

6561 Sunset Strip

83

84 City

Sunrise

FL

85 Zip Code

33313

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 617.0603, Florida Statutes.

SIGNATURE

Harry Dembicki

5-12-97

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 **D** ☒ DELETE
NAME **JOHNSON, ROBERT N.**
STREET ADDRESS **6567 SUNSET STRIP**
CITY-ST-ZIP **SUNRISE FL**

1.1 TITLE **D** ☒ Change ☐ Addition
1.2 NAME **Kuebler, Joseph W.**
1.3 STREET ADDRESS **6561 Sunset Strip**
1.4 CITY-ST-ZIP **Sunrise, FL.**

TITLE **D** ☐ DELETE
NAME **SHARP, RONALD**
STREET ADDRESS **6561 SUNSET STRIP**
CITY-ST-ZIP **SUNRISE FL**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **WUNDER, ANDREW**
STREET ADDRESS **6561 SUNSET STRIP**
CITY-ST-ZIP **SUNRISE FL**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE **D** ☒ DELETE
NAME **KUEBLER, JOSEPH W.**
STREET ADDRESS **6561 SUNSET STRIP**
CITY-ST-ZIP **SUNRISE FL**

4.1 TITLE **D** ☒ Change ☐ Addition
4.2 NAME **Dembicki, Harry**
4.3 STREET ADDRESS **6561 Sunset Strip**
4.4 CITY-ST-ZIP **Sunrise, FL.**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Joseph W. Kuebler

JOSEPH W KUEBLER

4/24/97

954-742-9007

Date

Daytime Phone # 0034781

CR2E037 (9/96)