

# 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 # 753335 (9)**

1. Corporation Name

**SEBRING MEMORIAL POST 4300 VETERANS OF FOREIGN WARS OF THE UNITED STATES, INC.**



Principal Place of Business

Mailing Address

**2011 S.E. LAKEVIEW DRIVE  
PO BOX 127  
SEBRING FL 33871-0127**

**2011 S.E. LAKEVIEW DRIVE  
PO BOX 127  
SEBRING FL 33871-0127**

3. Date Incorporated or Qualified  
**07/15/1980**

3a. Date of Last Report  
**05/01/1995**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip Country

Zip Country

24

25

29

30

4. FEI Number

**59-0587047**

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

**DUBIN, EDMUND D  
5330 WATERWAY DR.  
SEBRING FL 33872**

81 Name

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

83

84 City

**FL**

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

**EDMUND D. DUBIN**

**Q.M.**

*Edmund D. Dubin*

**4/8/96**

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 ☐ DELETE

1.1 TITLE ☐ Change ☐ Addition

NAME  
TACK, TRIPHO J  
STREET ADDRESS  
16 SEAHORSE DR.  
CITY- ST- ZIP  
SEBRING FL

1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY- ST- ZIP

TITLE ☐ DELETE

2.1 TITLE ☐ Change ☐ Addition

NAME  
STONE, GEORGE J  
STREET ADDRESS  
1918 BEACH DRIVE  
CITY- ST- ZIP  
SEBRING FL

2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY- ST- ZIP

TITLE ☐ DELETE

3.1 TITLE ☐ Change ☐ Addition

NAME  
KILPATRICK, MARVIN E.  
STREET ADDRESS  
210 QUAIL AVENUE  
CITY- ST- ZIP  
SEBRING FL

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY- ST- ZIP

TITLE ☐ DELETE

4.1 TITLE ☐ Change ☐ Addition

NAME  
REESE, ALLEN C.  
STREET ADDRESS  
308 CENTRAL AVENUE  
CITY- ST- ZIP  
FROSTPROOF FL

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY- ST- ZIP

TITLE ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition

NAME  
ROHDENBERG, HANS  
STREET ADDRESS  
1612 THEON AVENUE  
CITY- ST- ZIP  
SEBRING FL

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY- ST- ZIP

TITLE ☐ DELETE

6.1 TITLE ☐ Change ☐ Addition

NAME  
DUBIN, EDMUND D.  
STREET ADDRESS  
5330 W. WATERWAY DRIVE  
CITY- ST- ZIP  
SEBRING FL

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 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:

*Edmund D. Dubin*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**EDMUND D. DUBIN**

Date

**(941) 385-6778**

Daytime Phone #

CR2E037 (12/95)