

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 # **705591** (6)

1. Corporation Name

JOSEPH P. ASTRAB POST NO. 4271, VETERANS OF FOREIGN WARS OF THE UNITED STATES, INC.



Principal Place of Business

Mailing Address

**20021 V.F.W. ROAD
BROOKSVILLE FL 34601**

**20021 V.F.W. ROAD
BROOKSVILLE FL 34601**

3. Date Incorporated or Qualified
05/14/1963

3a. Date of Last Report
04/28/1995

2. Principal Place of Business

2a. Mailing Address

21 **VFW Post 4271**

26 **20021- VFW Rd.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **20021 VFW ROAD**

27 **20021- VFW Rd.**

City & State

City & State

23 **Brooksville, FL**

28 **Brooksville, FL**

Zip

Zip

24 **34601**

29 **34601**

Country

Country

25 **Hernando**

30 **Hernando**

4. FEI Number

59-6162502

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

**EVERSON, RUSSELL
20021 V.F.W. ROAD
BROOKSVILLE FL 34601**

81 Name

Wilbur Ludwig

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

20021 - VFW Rd.

83

84 City

Brooksville

FL

85 Zip Code

34601

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 *Wilbur Ludwig*
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

1-29-96

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	CORD	<input type="checkbox"/> DELETE
NAME	HOWLEY, HAROLD	
STREET ADDRESS	20021 V.F.W. RD	
CITY-ST-ZIP	BROOKSVILLE FL	
TITLE	SRV	<input checked="" type="checkbox"/> DELETE
NAME	STESON, ROBERT	
STREET ADDRESS	20021 V.F.W. RD	
CITY-ST-ZIP	BROOKSVILLE FL	
TITLE	JRVD	<input checked="" type="checkbox"/> DELETE
NAME	LUDWIG, WILLIAM	
STREET ADDRESS	20021 V.F.W. RD	
CITY-ST-ZIP	BROOKSVILLE FL	
TITLE	OMDD	<input checked="" type="checkbox"/> DELETE
NAME	MCLAUGHLIN, CHARLES A.	
STREET ADDRESS	20021 V.F.W. RD	
CITY-ST-ZIP	BROOKSVILLE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	Commander	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Wilbur Ludwig	
1.3 STREET ADDRESS	20021 VFW Rd.	
1.4 CITY-ST-ZIP	Brooksville, FL. 34601	
2.1 TITLE	SVC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Ralph Stetson	
2.3 STREET ADDRESS	20021- VFW Rd	
2.4 CITY-ST-ZIP	BKSV, FL. 34601	
3.1 TITLE	J RV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	mitch ferrell	
3.3 STREET ADDRESS	20021- VFW Rd	
3.4 CITY-ST-ZIP	BKSV, FL. 34601	
4.1 TITLE	Qm (Asst.)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	James Sands	
4.3 STREET ADDRESS	20021- VFW Rd	
4.4 CITY-ST-ZIP	BKSV, FL. 34601	
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 type="checkbox"/> 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 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: *Wilbur Ludwig*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-29-96

DATE

796-1113

Daytime Phone #

CR2E037 (12/95)