FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 MAR 15 AM 10:4(
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 721087 (5)

1. Corporation Name

VETERANS OF FOREIGN WARS POST NO. 4143, INC.

Principal Place of Business	Mailing Address
2404 BROADWAY RIVIERA BEACH FL 33404-4533	2404 BROADWAY RIVIERA BEACH FL 33404-4533

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/04/1971
3a. Date of Last Report: 03/24/1994
4. FEI Number: 59-6162494 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

HESS, DUANE C
31 BANYAN RD
RIVIERA BCH FL 33404

10. Name and Address of New Registered Agent

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD ☒ Change ☐ Addition
NAME	WOJICK, JOSEPH F. JR	1.2 NAME	SOUKE, CHUCK T.
STREET ADDRESS	6899 42ND TR N	1.3 STREET ADDRESS	1622 16th Ln
CITY-ST-ZIP	RIVIERA BEACH FL	1.4 CITY-ST-ZIP	Palm Bch Gardens, Fl 33418
TITLE	VD	2.1 TITLE	☐ Change ☐ Addition
NAME	JACQUES, WILLIAM E.	2.2 NAME	
STREET ADDRESS	743 WEST ILEX	2.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE PARK FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	DENTON, JAMES A.	3.2 NAME	
STREET ADDRESS	375 N. FOUR SEASONS	3.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH GDNS. FL	3.4 CITY-ST-ZIP	
TITLE	ST	4.1 TITLE	☐ Change ☐ Addition
NAME	WHITE, HARRISON A.	4.2 NAME	
STREET ADDRESS	4325 BELLEWOOD ST.	4.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH GARDENS FL	4.4 CITY-ST-ZIP	
TITLE	TD	5.1 TITLE	☐ Change ☐ Addition
NAME	HESS, DUANE C	5.2 NAME	
STREET ADDRESS	31 BANYAN RD	5.3 STREET ADDRESS	
CITY-ST-ZIP	RIVIERA BCH FL	5.4 CITY-ST-ZIP	
TITLE	T	6.1 TITLE	T ☒ Change ☐ Addition
NAME	PARADIS, WILLIAM	6.2 NAME	GUNDERSON, LESLIE C.
STREET ADDRESS	4123-71ST RD.	6.3 STREET ADDRESS	112 Bamboo Rd
CITY-ST-ZIP	RIVIERA BEACH FL	6.4 CITY-ST-ZIP	Riviera Beach, Fl 33404

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)(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: Duane C. Hess 2-27-95 (407) 844-5718
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0047857