1-24-95 B-324-C 130.00 C

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CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 24 AM 9:20

DOCUMENT # 721959 (5)

1. Corporation Name

SALT SPRINGS POST NO. 10208, VETERANS OF FOREIGN WARS OF THE UNITED STATES, INC.

Principal Place of Business	Mailing Address
P.O. BOX 5009 SALT SPRINGS FL 32134	P.O. BOX 5009 SALT SPRINGS FL 32134

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/02/1971
3a. Date of Last Report: 05/01/1994
4. FEI Number: 23-7146123 ☐ 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 23498 NE Hwy 314	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Salt Springs, FL 32134	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

KRIM, FRED J.
1831 SE 4TH AVE
OCALA FL 32670

10. Name and Address of New Registered Agent

01 Name
02 Street Address (P.O. Box Number is Not Acceptable)
03
04 City FL 05 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	D	1.1 TITLE D	XX Change ☐ Addition
NAME	MAY, C. JOSEPH	1.2 NAME	Ronald C. Smith
STREET ADDRESS	15103 NE 240TH CT.	1.3 STREET ADDRESS	21796 N.E. 135th LN
CITY-ST-ZIP	SALT CITY FL 32134	1.4 CITY-ST-ZIP	Salt Springs, FL 32134
TITLE	SVD	2.1 TITLE SVD	XX Change ☐ Addition
NAME	MATTAIR, HENRY	2.2 NAME	James V. Latham
STREET ADDRESS	25010 NE 132ND PLACE	2.3 STREET ADDRESS	9335 N.E. 307th CT
CITY-ST-ZIP	SALT SPRINGS FL 32134	2.4 CITY-ST-ZIP	Salt Springs, FL 32134
TITLE	QMD	3.1 TITLE QMD	XX Change ☐ Addition
NAME	WELLS, FELDER L.	3.2 NAME	Kenneth M. Stickley
STREET ADDRESS	24905 NE 130TH	3.3 STREET ADDRESS	14437 N.E. 203rd AVE RD
CITY-ST-ZIP	FT. MCCOY FL 32134	3.4 CITY-ST-ZIP	Fort McCoy, FL 32134
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(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 asterisk.

SIGNATURE: Kenneth M. Stickley 18 JAN 95 904-685-2707
Kenneth M. Stickley
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0023684