

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 # 724893 (3)

1. Corporation Name

DELTONA POST 10096 VETERANS OF FOREIGN WARS OF THE UNITED STATES, INC.



Principal Place of Business: **615 MERRIMAC ST. DELTONA FL 32725**
Mailing Address: **615 MERRIMAC ST. DELTONA FL 32725**

3. Date incorporated or Qualified: **11/29/1972**
3a. Date of Last Report: **01/18/1995**

2. Principal Place of Business: **21**
2a. Mailing Address: **26**

4. FEI Number: **23-7115052**
Applied For: Not Applicable

Suite, Apt. #, etc.: **22**
Suite, Apt. #, etc.: **27**

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

City & State: **23**
City & State: **28**

6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**

Zip: **24** Country: **25**
Zip: **29** Country: **30**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
LAVERY, DONALD
615 MERRIMAC STREET
DELTONA FL 32725

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 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> DELETE
NAME	GENDRON, LEON A.
STREET ADDRESS	847 MERRIMAC ST.
CITY-ST-ZIP	DELTONA FL
TITLE	D <input type="checkbox"/> DELETE
NAME	VOELZ, MARSHALL
STREET ADDRESS	1977 EUSTACE AVENUE
CITY-ST-ZIP	DELTONA FL
TITLE	P <input type="checkbox"/> DELETE
NAME	LAVERY, DONALD J.
STREET ADDRESS	615 MERRIMAC STREET
CITY-ST-ZIP	DELTONA FL
TITLE	T <input type="checkbox"/> DELETE
NAME	MCFADDEN, THOMAS J.
STREET ADDRESS	1217 BUCCANEER AVE.
CITY-ST-ZIP	DELTONA FL
TITLE	D <input type="checkbox"/> DELETE
NAME	SMITH, RICHARD F.
STREET ADDRESS	2472 L. H. OSTEEN RD.
CITY-ST-ZIP	DELTONA FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
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: Thomas J. McFadden **4/12/96** **407-860-1720**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)