

**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**Feb 17 1998 8:00am  
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998



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 <b>MEETING PLACE BLUE SPRINGS ROAD ORANGE CITY FL 32763 US</b>	Mailing Address <b>895 SAXON BLVD DELTONA FL 32725 US</b>	3. Date Incorporated or Qualified <b>11/29/1972</b>
		4. FEI Number <b>23-7115052</b>
		Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21. Suite, Apt #, etc. 22. City & State 23. Zip 24. Country	2a. Mailing Address 26. Suite, Apt #, etc. 27. City & State 28. Zip 29. Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
		7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No
		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent <b>BUMGARDNER, E L 895 SAXON BLVD DELTONA FL 32725</b>	10. Name and Address of New Registered Agent 81. Name 82. Street Address (P.O. Box Number is Not Acceptable) 83. 84. City <b>FL</b> 85. Zip Code
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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, 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: E.L. Bumgardner Adjutant *E.L. Bumgardner* DATE: Jan, 7, 1998

Signature typed or printed name of registered agent acceptable if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<del>CONDON, LEON A</del>	1.2 NAME	<b>Commander - D</b>
STREET ADDRESS	<del>847 MERRIMACK ST</del>	1.3 STREET ADDRESS	<b>John Ziannik</b>
CITY-ST-ZIP	<del>DELTONA FL</del>	1.4 CITY-ST-ZIP	<b>942 Union Cir. Deltona, FL 32725</b>
TITLE	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<del>YELLE, MARSHALL</del>	2.2 NAME	<b>Sr. Vice - D</b>
STREET ADDRESS	<del>4977 EUSTACE AVENUE</del>	2.3 STREET ADDRESS	<b>Frank Stone</b>
CITY-ST-ZIP	<del>DELTONA FL</del>	2.4 CITY-ST-ZIP	<b>1083 E. Lombardy Dr Deltona, FL 32725</b>
TITLE	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<del>MOPADEN, THOMAS J</del>	3.2 NAME	<b>Adjutant - D</b>
STREET ADDRESS	<del>1247 BUCCANEER AVE.</del>	3.3 STREET ADDRESS	<b>E.L. Bumgardner</b>
CITY-ST-ZIP	<del>DELTONA FL</del>	3.4 CITY-ST-ZIP	<b>895, Saxon Bl. Deltona, FL 32725</b>
TITLE	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<del>SMITH, RICHARD P</del>	4.2 NAME	<b>Jr. Vice - D</b>
STREET ADDRESS	<del>6478 L.H. OSTEN RD.</del>	4.3 STREET ADDRESS	<b>Keneth Laney</b>
CITY-ST-ZIP	<del>DELTONA FL</del>	4.4 CITY-ST-ZIP	<b>1425, Timbercrest Dr. Deltona, FL 32738</b>
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing 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: E.L. Bumgardner *E.L. Bumgardner* Jan 12/98 (407) 574-3464

CR2E037 (10/97)