

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$81.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Jul 29, 1999 8:00 am
Secretary of State

07-29-1999 90023 012 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999

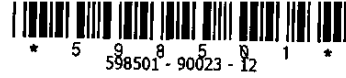


FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 724893 ✓

1. Corporation Name

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



Principal Place of Business

MEETING PLACE BLUE SPRINGS ROAD
 ORANGE CITY FL 32763
 US

Mailing Address

895 SAXON BLVD
 DELTONA FL 32725
 US

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

30 Country

3. Date Incorporated or Qualified

11/29/1972

4. FEI Number

23-7115052

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

BUMGARDNER, E L
 895 SAXON BLVD
 DELTONA FL 32725

10. Name and Address of New Registered Agent

81 Name **Thomas J. McFadden**
 82 Street Address (P.O. Box Number is Not Acceptable)
1217 Buccaneer Ave
 83 **Deltona**
 84 City **FL** 85 Zip Code **32725**

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 **Thomas J. McFadden**

Thomas J. McFadden

7/9/99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **CD** DELETE
 NAME **ZIANNIK**
 STREET ADDRESS **942 UNION CIR**
 CITY-ST-ZIP **DELTONA FL 32725**

TITLE **SVPD** DELETE
 NAME **STONE, FRANK**
 STREET ADDRESS **1083 E LOMBARDY DR**
 CITY-ST-ZIP **DELTONA FL 32725**

TITLE **AD** DELETE
 NAME **BUMGARDNER, E L**
 STREET ADDRESS **895 SAXON BLVD**
 CITY-ST-ZIP **DELTONA FL 32725**

TITLE **VP** DELETE
 NAME **LANEY, KENETH**
 STREET ADDRESS **1425 TIMBERCREST DR**
 CITY-ST-ZIP **DELTONA FL 32738**

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **CD** Change Addition
 1.2 NAME **C. Cantrell**
 1.3 STREET ADDRESS **519 Kings Castle Drive**
 1.4 CITY-ST-ZIP **Orlando City, FL 32763**

2.1 TITLE **SVPD** Change Addition
 2.2 NAME **John Carino**
 2.3 STREET ADDRESS **2041 Normandy Blvd**
 2.4 CITY-ST-ZIP **Deltona FL 32725**

3.1 TITLE **CD** Change Addition
 3.2 NAME **McFadden, T. J.**
 3.3 STREET ADDRESS **1217 Buccaneer Ave**
 3.4 CITY-ST-ZIP **Deltona FL 32725**

4.1 TITLE **VP** Change Addition
 4.2 NAME **John Zellinger**
 4.3 STREET ADDRESS **2359 Montana St**
 4.4 CITY-ST-ZIP **Deltona FL 32738**

5.1 TITLE Change Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

6.1 TITLE Change Addition
 6.2 NAME
 6.3 STREET ADDRESS
 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, with all other like empowered.

SIGNATURE: **Thomas J. McFadden** 7/8/99 407-860-1720
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (5/99)