

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 02, 2004 8:00 am**  
**Secretary of State**

03-02-2004 90008 049 \*\*\*\*61.25

**DOCUMENT # 724893**

1. Entity 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

**PO BOX #5472  
DELTONA FL 32725  
US**

**44014552**



**MOORE CR2E037 (11/03)**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

**23-7115052**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ZIARNIK, JOHN G  
942 N UNION CIR  
DELTONA FL 32725**

**16975. ACADIAN**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*John Ziarnik*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **CD** ☐ Delete  
NAME **ZIARNIK, JOHN**  
STREET ADDRESS **942 N UNION CIRCLE 16975. ACADIAN**  
CITY-ST-ZIP **DELTONA FL 32725**

TITLE **T** ☐ Delete  
NAME **ZELINGER, JOHN**  
STREET ADDRESS **2359 MONTANA ST.**  
CITY-ST-ZIP **DELTONA FL 32725**

TITLE **QMT** ☐ Delete  
NAME **SHADICK, RAYMOND**  
STREET ADDRESS **730 BISCAYNE DR.**  
CITY-ST-ZIP **ORANGE CITY FL 32763**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**2/26/04**