


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2006 8:00 am
Secretary of State

01-23-2006 90116 025 ****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	
2. Principal Place of Business <i>Blue Springs Rd</i> Suite, Apt. #, etc.		3. Mailing Address <i>P.O. Box 5472</i> Suite, Apt. #, etc.	
City & State <i>Orange City FL</i>		City & State <i>Deltona FL</i>	
4. FEI Number 23-7115052	Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent ZIARNIK, JOHN G 1697 S. ACADIAN CIR DELTONA, FL 32725		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City State: FL Zip Code	
<i>307 Waterford Hts</i> <i>DeBary FL 32713</i>			
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: <i>John G. Ziarnik</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DATE:	
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD ZIARNIK, JOHN 1697 S. ACADIAN CIR DELTONA, FL 32725	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
			P Henry Densing Sr 935 Verecelli St Deltona FL 32725
			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ZELINGER, JOHN 2359 MONTANA ST. DELTONA, FL 32725	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
			V SKRZYPCZAK, Michael 1745 BAYON DR Deltona FL 32725
			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	QMT SHADICK, RAYMOND 730 BISCAYNE DR. ORANGE CITY, FL 32763	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
			<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
			<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
			<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>Raymond E. Shadick</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<i>Raymond E. Shadick</i> <small>Date</small>	<i>1/19/06</i> <small>Date</small>
		<i>386-774-0906</i> <small>Daytime Phone #</small>	