

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Martham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **727082**

(0)

1. Corporation Name

**SEBASTIAN RIVER AREA POST NO. 10210 VETERANS OF
FOREIGN WARS OF THE UNITED STATES, INC.**



Principal Place of Business

Mailing Address

815 LOUISIANA AVE.
P.O. BOX 780617
SEBASTIAN FL 32958

815 LOUISIANA AVE.
P.O. BOX 780617
SEBASTIAN FL 32958

2. Principal Place of Business

2a. Mailing Address

26

Suite, Apt. #, etc.

27

Suite, Apt. #, etc.

28

City & State

29

Zip

24

Country

25

Zip

29

Country

30

3. Date Incorporated or Qualified

07/31/1973

3a. Date of Last Report

03/02/1995

Applied For

Not Applicable

4. FEI Number

23-7140679

\$8.75

Additional Fee Required

5. Certificate of Status Desired

\$5.00 May Be

Added to Fees

6. Election Campaign Financing

Trust Fund Contribution

\$5.00 May Be

Added to Fees

7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HLADISH, JOHN A.
1229 GEORGE STREET
815 LOUISIANA AVE.
SEBASTIAN FL 32958

81 Name **NOEL FRANK T**

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

526 MICHAEL ST

83 **815 LOUISIANA AVE**

84 City **SEBASTIAN** FL **32958**

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 **FRANK T NOEL**

Frank T Noel

2-12-96

DATE

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	CD	<input type="checkbox"/> DELETE	1.1 TITLE	CD	COMMANDER	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
			1.2 NAME		CRONE KENNETH			
NAME	MULLER, WILLIAM J.		1.3 STREET ADDRESS		644 Wimbrow Dr.			
			1.4 CITY-ST-ZIP		Sebastian FL 32958			
STREET ADDRESS	1768 MAINSAIL STREET		2.1 TITLE	SVCD	SVCD (Senior Vice Comm.)	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
			2.2 NAME		DICK Dean			
CITY-ST-ZIP	SEBASTIAN FL		2.3 STREET ADDRESS		P.O. Box 1208 (NA)			
			2.4 CITY-ST-ZIP		Rose Island FL 32957			
TITLE	SVCD	<input type="checkbox"/> DELETE	3.1 TITLE	SVCD	Jr. Vice Commander	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
			3.2 NAME		Solomon Leonard			
NAME	MATHEWS, O. B.		3.3 STREET ADDRESS		114 Royal Palm St			
			3.4 CITY-ST-ZIP		Sebastian FL 32958			
STREET ADDRESS	632 SOUTHWEST WIMBROW DRIVE		4.1 TITLE	QMD	QMD (Quartermaster)	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
			4.2 NAME		FRANK T Noel			
CITY-ST-ZIP	SEBASTIAN FL		4.3 STREET ADDRESS		526 Michael St			
			4.4 CITY-ST-ZIP		Sebastian FL 32958			
TITLE	VDO	<input type="checkbox"/> DELETE	5.1 TITLE			<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
			5.2 NAME					
NAME	O'NEILL, JACK M.		5.3 STREET ADDRESS					
			5.4 CITY-ST-ZIP					
STREET ADDRESS	RIVERVIEW MOBIL VILLA, LOT 50		6.1 TITLE					
			6.2 NAME					
CITY-ST-ZIP	SEBASTIAN FL		6.3 STREET ADDRESS					
			6.4 CITY-ST-ZIP					
TITLE	OD	<input type="checkbox"/> DELETE	7.1 TITLE			<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
			7.2 NAME					
NAME	HLADISH, JOHN A.		7.3 STREET ADDRESS					
			7.4 CITY-ST-ZIP					
STREET ADDRESS	1229 GEORGE STREET		8.1 TITLE					
			8.2 NAME					
CITY-ST-ZIP	SEBASTIAN FL		8.3 STREET ADDRESS					
			8.4 CITY-ST-ZIP					
TITLE		<input type="checkbox"/> DELETE	9.1 TITLE			<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
			9.2 NAME					
NAME			9.3 STREET ADDRESS					
			9.4 CITY-ST-ZIP					
STREET ADDRESS			10.1 TITLE					
			10.2 NAME					
CITY-ST-ZIP			10.3 STREET ADDRESS					
			10.4 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:

Frank T Noel QM

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-22-96

407 589 3403

Date

Daytime Phone #

CR2E037 (12/95)

3-22-1996