

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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

3. Date Incorporated or Qualified

07/31/1973

3a. Date of Last Report

03/02/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

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

85

Zip Code

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

Signature, typed or printed name of registered agent and 30 if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	CD	<input checked="" type="checkbox"/> DELETE
NAME	MULLER, WILLIAM J.	
STREET ADDRESS	1768 MAINSAIL STREET	
CITY-ST-ZIP	SEBASTIAN FL	
TITLE	SVCD	<input checked="" type="checkbox"/> DELETE
NAME	MATHEWS, O. B.	
STREET ADDRESS	632 SOUTHWEST WIMBROW DRIVE	
CITY-ST-ZIP	SEBASTIAN FL	
TITLE	VDD	<input checked="" type="checkbox"/> DELETE
NAME	O'NEILL, JACK M.	
STREET ADDRESS	RIVERVIEW MOBIL VILLA, LOT 50	
CITY-ST-ZIP	SEBASTIAN FL	
TITLE	QD	<input checked="" type="checkbox"/> DELETE
NAME	HLADISH, JOHN A.	
STREET ADDRESS	1229 GEORGE STREET	
CITY-ST-ZIP	SEBASTIAN FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	CD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	CRONE KENNETH	
1.3 STREET ADDRESS	644 Wimbrow Dr.	
1.4 CITY-ST-ZIP	Sebastian Fl. 32958	
2.1 TITLE	SVCD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	DICK DEAN	
2.3 STREET ADDRESS	P.O. Box 1208 (VA)	
2.4 CITY-ST-ZIP	Roseland Fl. 32957	
3.1 TITLE	JVC.D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Jr. Vice Commander	
3.3 STREET ADDRESS	Solomon Leonard	
3.4 CITY-ST-ZIP	114 Royal Palm St	
3.5 STREET ADDRESS	Sebastian Fl. 32958	
4.1 TITLE	QMD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Frank T Noel	
4.3 STREET ADDRESS	526 Michael St	
4.4 CITY-ST-ZIP	Sebastian Fl. 32958	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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 QMD

1-22-96

Date

407 589 3405

Daytime Phone #

CR2E037 (12/95)

3-22-1996