

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 02 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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

4. FEI Number

23-7140679

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

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

7. Is this nonprofit corporation a homeowners association?

☐ Yes

☒ No

8. This corporation owes or has paid the current year intangible
Personal Property Tax due June 30.

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LYNCH, RAY
316 PINEAPPLE ST
815 LOUISIANA AVE.
SEBASTIAN FL 32958**

81 Name

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

83

84 City

FL

85 Zip Code

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

[Signature]

RAY LYNCH

(NOTE: Registered Agent signature required when reinstating)

DATE

2/24/98

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	CD	<input type="checkbox"/> DELETE
NAME	DEAN, RICHARD	
STREET ADDRESS	815 LOUISIANA AVE	
CITY-ST-ZIP	SEBASTIAN FL	
TITLE	SVCD	<input type="checkbox"/> DELETE
NAME	SOLOMON, LEONARD	
STREET ADDRESS	815 LOUISIANA AVE	
CITY-ST-ZIP	SEBASTIAN FL	
TITLE	JVCD	<input type="checkbox"/> DELETE
NAME	BARON, JOHN	
STREET ADDRESS	815 LOUISIANA AVE	
CITY-ST-ZIP	SEBASTIAN FL	
TITLE	QMD	<input type="checkbox"/> DELETE
NAME	LYNCH, RAY	
STREET ADDRESS	815 LOUISIANA AV	
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	CP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	JAMES CONNELLY	
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	SVCD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	CARL WHITE	
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	JVCD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	JOHN HLADISH	
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
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 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.

SIGNATURE:

[Signature]

2/24/98

**561
589-3405**

CR2E037 (10/97)