

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 06 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **730129** (4)

1. Corporation Name

**NORTH FORT MYERS POST NO. 10127 VETERANS OF FOREIGN WARS OF THE UNITED STATES, INC.**

Principal Place of Business

Mailing Address

**996 PONDELLA ROAD  
NORTH FORT MYERS FL 33903**

**996 PONDELLA ROAD  
NORTH FORT MYERS FL 33903**



3. Date Incorporated or Qualified

**07/03/1974**

4. FEI Number

**23-7013119**

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 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

**BRANNEN, LLOYD  
996 PONDELLA RD  
N FT MYERS FL 33903**

81 Name

**Anthony I PAVEC**

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

**996 PondeLLa RD**

83

84 City

**N.Ft. Myers**

FL

85 Zip Code

**33903**

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

*Anthony I Pavec*

(NOTE: Registered Agent signature required when reinstating)

**1-5-98**

DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>PDC</b>	<input type="checkbox"/> DELETE
NAME	<b>LANIER, ALLEN</b>	
STREET ADDRESS	<b>996 PONDELLA ROAD</b>	
CITY-ST-ZIP	<b>N. FT. MYERS FL</b>	

TITLE	<b>VD</b>	<input type="checkbox"/> DELETE
NAME	<b>POMERLEAU, RAY</b>	
STREET ADDRESS	<b>996 POWDELLA RD.</b>	
CITY-ST-ZIP	<b>N FT MYERS FL</b>	

TITLE	<b>VD</b>	<input type="checkbox"/> DELETE
NAME	<b>SEWARD, WAYNE</b>	
STREET ADDRESS	<b>996 PONDELLA RD</b>	
CITY-ST-ZIP	<b>N FT MYERS FL</b>	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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:

*Allen Lanier*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**ALLEN LANIER**

Date

**1-5-98**

Daytime Phone #

CR2E037 (10/97)