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Feb 26 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **733300** **(8)**

1. Corporation Name

WEST PUTNAM POST NO. 10164 VETERANS OF FOREIGN W ARS OF THE UNITED STATES, INC.

Principal Place of Business	Mailing Address
RT. 3. BOX 902 INTERLACHEN FL 32148	RT. 3. BOX 902 INTERLACHEN FL 32148-9153

3. Date Incorporated or Qualified: 07/14/1975
3a. Date of Last Report: 04/30/1996

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 / Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 / Country — 30

4. FEI Number: 59-6569997 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

SLOAN, THOMAS
RT 4 BOX 107
INTERLACHEN FL 32148

10. Name and Address of New Registered Agent

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	SCOTT, KENNETH E		1.2 NAME	
STREET ADDRESS	RR 3 BOX 902		1.3 STREET ADDRESS	
CITY-ST-ZIP	INTERLACHEN FL		1.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	SHAUL, TOHAMS		2.2 NAME	
STREET ADDRESS	RR3 BOX 902		2.3 STREET ADDRESS	
CITY-ST-ZIP	INTERLACHEN FL		2.4 CITY-ST-ZIP	
TITLE	VPS	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	TORRAS, CARLOS		3.2 NAME	
STREET ADDRESS	44 3 BOX 902		3.3 STREET ADDRESS	
CITY-ST-ZIP	INTERLACHEN FL		3.4. CITY-ST-ZIP	
TITLE	T	☒ DELETE	4.1 TITLE	☒ Change ☐ Addition
NAME	BUTTS, JOHNN		4.2 NAME	T Michael J. Bruccoliere
STREET ADDRESS	RR 3 BOX 902		4.3 STREET ADDRESS	RR3 Box 902
CITY-ST-ZIP	INTERLACHEN FL		4.4 CITY-ST-ZIP	INTERLACHEN, FL-32148
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E037 (9/96)

14. I do 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: Michael J. Bruccoliere 2/15/97 684-9931
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #002991