

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 # **733870** (0)
1. Corporation Name

TOMMY G. FOSTER - POST NO. 4590, VETERANS OF FOREIGN WARS OF THE UNITED STATES, INC.



Principal Place of Business: 3709 E. ST. RD 92, PLANT CITY FL 33566, US
Mailing Address: VFW POST 4590 THOMAS G. FOSTER, POST OFFICE BOX 1557, PLANT CITY FL 33514, US

3. Date Incorporated or Qualified: 09/19/1975
3a. Date of Last Report: 04/13/1995
4. FEI Number: 59-6209820
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

2. Principal Place of Business: 21
2a. Mailing Address: 26
Suite, Apt. #, etc.: 22
City & State: 23
Zip: 24
Country: 25
City & State: 27
City & State: 28
Zip: 29
Country: 30

9. Name and Address of Current Registered Agent
NEWKIRK, HARRY D.
1408 NORTH WHEELER STREET
101 N. THOMAS ST.
PLANT CITY FL 33566

10. Name and Address of New Registered Agent
81 Name: **ENGSTROM, ED**
82 Street Address (P.O. Box Number is Not Acceptable): **257 TAIHO LANE**
83: **600001730676**
84 City: **VALRICO** ***70.00
85 Zip Code: **FL 33594**

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: *Ed Engstrom* **ED ENGSTROM** DATE: **1/22/96**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		DELETED
TITLE	S	<input type="checkbox"/>
NAME	PAQUE, JAMES E	
STREET ADDRESS	1111 PARK RD.	
CITY-ST-ZIP	PLANT CITY FL	
TITLE	P	<input type="checkbox"/>
NAME	BENNETT, GEORGE F.	
STREET ADDRESS	2265 BENNETT ROAD	
CITY-ST-ZIP	PLANT CITY FL	
TITLE	T	<input type="checkbox"/>
NAME	NEWKIRK, HARRY D	
STREET ADDRESS	1506 E. MIMOSA DR.	
CITY-ST-ZIP	PLANT CITY FL	
TITLE	D	<input type="checkbox"/>
NAME	ROBINSON, RALPH	
STREET ADDRESS	108 W. CASON STREET	
CITY-ST-ZIP	PLANT CITY FL	
TITLE	D	<input type="checkbox"/>
NAME	OLSON, ROY E	
STREET ADDRESS	4224 N. WILDER RD.	
CITY-ST-ZIP	PLANT CITY FL	
TITLE	D	<input type="checkbox"/>
NAME	GREGORY, MERRIT	
STREET ADDRESS	203 CUNICE AVE	
CITY-ST-ZIP	PLANT CITY FL 33567	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE	P	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1.2 NAME	JOHNSON, JACK		
1.3 STREET ADDRESS	1101 N. CLARK ST.		
1.4 CITY-ST-ZIP	PLANT CITY, FL 33566		
2.1 TITLE	V	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.2 NAME	GREGORY, MERRITT H.		
2.3 STREET ADDRESS	203 EUNICE AV.		
2.4 CITY-ST-ZIP	PLANT CITY, FL 33567		
3.1 TITLE	S/T	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.2 NAME	ED ENGSTROM		
3.3 STREET ADDRESS	257 TAIHO LANE		
3.4 CITY-ST-ZIP	VALRICO, FL 33594		
4.1 TITLE	T	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4.2 NAME	KRAWCZYK, NORBERT		
4.3 STREET ADDRESS	491 CHICAGEE CT.		
4.4 CITY-ST-ZIP	PLANT CITY, FL 33565		
5.1 TITLE	T	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5.2 NAME	ROBINSON, RALPH		
5.3 STREET ADDRESS	108 W. CASON ST.		
5.4 CITY-ST-ZIP	PLANT CITY, FL 33566		
6.1 TITLE	T	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6.2 NAME	GREGORY, CHARLTON		
6.3 STREET ADDRESS	203 EUNICE AV.		
6.4 CITY-ST-ZIP	PLANT CITY, FL 33567		

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: *Jack Johnson* **JACK JOHNSON** DATE: **1/22/96** (813) 754-7880
Signature and typed or printed name of signing officer or director Daytime Phone #

CR2E037 (12/95)