

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 733894 (0)

1. Corporation Name

ANDRE' 'ANDY' J. MATTON POST NO. 10130 VETERANS
OF FOREIGN WARS OF THE UNITED STATES, INC.



Principal Place of Business

710 SW AIROSO BLVD
PORT ST LUCIE FL 34983
US

Mailing Address

P.O. BOX 7339
P.O. BOX 34985
PT ST LUCIE FL 34985-4339
US

3. Date Incorporated or Qualified
09/22/1975

3a. Date of Last Report
01/27/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number
23-7113088

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

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

City & State

City & State

23

28

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

Zip

Country

Zip

Country

24

25

29

30

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CONSER, RUSSEL, S., OM
710 SW AIROSO BLVD
PORT ST. LUCIE FL 34983

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P ☐ DELETE
NAME BRINTON, TURNER
STREET ADDRESS 3100 SE PRUITT RD G-102
CITY-ST-ZIP PT ST LUCIE, FL 00000

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE V ☒ DELETE
NAME SPOTTO, ERNEST A
STREET ADDRESS 476 SW BYRON ST
CITY-ST-ZIP PT ST LUCIE, FL 00000

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME V. KATHERINE L. MISTEN
2.3 STREET ADDRESS 2265 SE MASTER AVE
2.4 CITY-ST-ZIP PORT ST LUCIE, FL 34952

TITLE S ☐ DELETE
NAME CONSER, RUSSEL, S
STREET ADDRESS 710 SW AIROSO BLVD
CITY-ST-ZIP PT ST LUCIE, FL 00000

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME MITCHELL, RAYMOND
STREET ADDRESS 130 NW AIROSO BLVD
CITY-ST-ZIP PT ST LUCIE, FL 00000

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME RADULSKI, FRANCIS
STREET ADDRESS 664 SW DALTON CIR
CITY-ST-ZIP PT ST LUCIE, FL 00000

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME HUNT, ERNEST, A
STREET ADDRESS 756 SW DEL RIO BLVD
CITY-ST-ZIP PT ST LUCIE, FL 00000

6.1 TITLE ☐ Change ☐ 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:

BRINTON W. TURNER *Brinton W. Turner* 4/1/96 407-335-5261
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)