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Feb 04 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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

Mailing Address

**710 SW AIROSO BLVD
PORT ST LUCIE FL 34983
US**

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

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

09/22/1975

4. FEI Number

23-7113088

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

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

**CONSER, RUSSEL, S., QM
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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **V** ☐ DELETE

NAME **MILLER, KATHERINE L**
STREET ADDRESS **2265 SE MASTER AVE**
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**

TITLE **D** ☐ DELETE

NAME **MITCHELL, RAYMOND**
STREET ADDRESS **130 NW AIROSO BLVD**
CITY-ST-ZIP **PT ST LUCIE, FL 00000**

TITLE **D** ☐ DELETE

NAME **RADULSKI, FRANCIS**
STREET ADDRESS **664 SW DALTON CIR**
CITY-ST-ZIP **PT ST LUCIE, FL 00000**

TITLE **D** ☐ DELETE

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

TITLE ☐ 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

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

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 REQUIRED

CR2E037 (10/97)