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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 733894

1. Corporation Name

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

161012-90073-49

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

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

9. Name and Address of Current Registered Agent

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

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

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 ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME D CARREIRO, JOSEPH
3.3 STREET ADDRESS 210 S.W. PARISH ST
3.4 CITY-ST-ZIP PT. ST. LUCIE, FL 34984

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME D BUSHNER, CLARENCE
4.3 STREET ADDRESS 2051 S.E. West Moreland Blvd
4.4 CITY-ST-ZIP PT. ST. LUCIE FL 34952

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/11/99 (561) 878-0959

CR2E037 (11/98)