

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 17 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 # **746369** (8)

1. Corporation Name

**SUTHERLAND MEMORIAL POST NO. 1658 VETERANS OF FO
REIGN WARS OF THE UNITED STATES, INC.**



Principal Place of Business 1402 18TH STREET P.O. BOX 13 PALM HARBOR FL 34682	Mailing Address 1402 18TH STREET P.O. BOX 13 PALM HARBOR FL 34682
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3. Date Incorporated or Qualified

03/21/1979

4. FEI Number

59-1843848

Applied For

Not Applicable

2. Principal Place of Business

21 Suite, Apt #, etc

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt #, etc

27 City & State

28 Zip Country

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

9. Name and Address of Current Registered Agent

**HARDING, TED
1924 WHISPERING WAY
TARPON SPRINGS FL 34689**

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	C	<input checked="" type="checkbox"/> DELETE
NAME	HARDING TED	
STREET ADDRESS	1924 WHISPERING WAY	
CITY-ST-ZIP	TARPON SPRINGS FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	SANTELLA, BASIL	
STREET ADDRESS	7244 MAGNOLIA DRIVE APT A	
CITY-ST-ZIP	PORT RICHEY FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	TOTH, STEVE JR.	
STREET ADDRESS	1117 E. COURT ST.	
CITY-ST-ZIP	TARPON SPRINGS FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	ROMAN, ALAN A	
STREET ADDRESS	1179 PINGRIDGE CIR W H2	
CITY-ST-ZIP	TARPON SPRINGS FL	
TITLE	AD	<input type="checkbox"/> DELETE
NAME	TAMBURRO, LOUIS J.	
STREET ADDRESS	3177-B CHARTER CLUB DRIVE	
CITY-ST-ZIP	TARPON SPRINGS FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	C	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	STEVE TOTH JR.	
1.3 STREET ADDRESS	4256 SAINT LAWRENCE DR	
1.4 CITY-ST-ZIP	NEW PORT RICHEY, FL 34655	
2.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	TED HARDING	
2.3 STREET ADDRESS	1924 WHISPERING WAY	
2.4 CITY-ST-ZIP	TARPON SPRINGS, FL 34689	
3.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	GERALD CAMARATO	
3.3 STREET ADDRESS	3755 BEACH DR. SE.	
3.4 CITY-ST-ZIP	ST. PETERSBURG, FL 33705	
4.1 TITLE	YB	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	ALAN ROMAN	
4.3 STREET ADDRESS	1365 JEFFORDS ST.	
4.4 CITY-ST-ZIP	CLEARWATER, FL 33756	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE:



2/7/98

372-6507

CR2E037 (10/97)