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Feb 20 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # 749266 (3)

1. Corporation Name

FLAGLER COUNTY POST NO. 5213, VETERANS OF FOREIGN  
WARS OF THE UNITED STATES

Principal Place of Business

Mailing Address

PO BOX 2075  
BUNNELL FL 32110

PO BOX 2075  
BUNNELL FL 32110-2075



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WRIGHT, ROBERT HOWARD, M.D.  
14 ZODIAC PLACE  
PO BOX 2348  
32110 - 2348

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P ☒ DELETE  
NAME BARZELOGNA, RICHARD S  
STREET ADDRESS RR 3 BOX 5200 ~~PRINCETON - COMMUNIST~~  
CITY - ST - ZIP PALATKA FL ~~HEAD MAN - THE LOWLY~~  
TITLE V ☐ DELETE  
NAME SHAW, JAMES F. ~~VIC. PRES. - VICE COMM.~~  
STREET ADDRESS 370 LAMBERT AVE. SECOND MAN  
CITY - ST - ZIP FLGLER BCH. FL  
TITLE ID ☐ DELETE  
NAME WRIGHT, ROBERT HOWARD ~~THAT'S WHAT~~  
STREET ADDRESS BOX 2348 ~~N/A QUARTERMASTER~~  
CITY - ST - ZIP BUNNELL FL ~~THE MOODY MAN~~  
TITLE SDS ☐ DELETE  
NAME SHEEHAN, JAMES F. ~~SHEEHAN~~  
STREET ADDRESS 1802 N. CENTRAL AVE. ~~1/2 SOUTHWAY~~  
CITY - ST - ZIP FLGLER BCH. FL ~~ADJUTANT - HQ C.A. WRIGHT~~  
TITLE D ☒ DELETE  
NAME PFALZGRAF, HOWARD ~~DIRECTOR~~  
STREET ADDRESS BOX 1733 ~~N/A TRUSTEE~~  
CITY - ST - ZIP BUNNELL FL ~~WINTER EVELYN #1~~  
TITLE T ☐ DELETE  
NAME WRIGHT, JAMES H. ~~DIRECTOR~~  
STREET ADDRESS 112 BREN MAR LANE ~~TRUSTEE~~  
CITY - ST - ZIP PALM COAST FL ~~WINTER EVELYN #2~~

1.1 TITLE P ☒ Change ☐ Addition  
1.2 NAME GEORGE P. ELLIS  
1.3 STREET ADDRESS 159 LEITHEIT AVE  
1.4 CITY - ST - ZIP FLAGLER BEACH FL 32136  
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  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP  
4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME SHEEHAN  
4.3 STREET ADDRESS JUST CORRECT SPELLING  
4.4 CITY - ST - ZIP  
5.1 TITLE D ☒ Change ☐ Addition  
5.2 NAME GREEN, VIRGIL  
5.3 STREET ADDRESS 151 BREN MAR LANE  
5.4 CITY - ST - ZIP PALM COAST FL  
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 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:

*Robert Howard Wright, M.D.*

Date

Daytime Phone (904) 236-2222

CR2E037 (9/96)