

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT

1996



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

DOCUMENT # 754221 (0)

1. Corporation Name

ORMOND BEACH POST 4319 VETERANS OF FOREIGN WARS
OF THE UNITED STATES, INC.



Principal Place of Business

Mailing Address

7 SUNSET BLVD.
ORMOND BEACH FL 32176-3124
US

7 SUNSET BLVD.
ORMOND BEACH FL 32176-3124
US

3. Date Incorporated or Qualified
09/18/1980

3a. Date of Last Report
02/09/1995

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

4. FEI Number

23-7256646

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

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

BRITTON, JOSEPH B.
63 BROADMOOR CIRCLE
ORMOND BEACH FL 32174

81 Name PAPE, JOHN F.

82 Street Address (P.O. Box Number is Not Acceptable)

7 SUNSET BLVD

83 ORMOND BEACH

84 City FLORIDA

85 Zip Code FL 32176

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

John F. Pape

2-21-96

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 D ☐ DELETE
NAME GAVIN, PATRICK
STREET ADDRESS 32 PLAZA DR
CITY-ST-ZIP ORMOND BEACH FL

TITLE P ☐ DELETE
NAME LENTZKE, DANIEL A.
STREET ADDRESS 241 EUCLID AVE
CITY-ST-ZIP DAYTONA BEACH FL

TITLE P ☐ DELETE
NAME SULLIVAN, TIMOTHY D
STREET ADDRESS 17 KATHY DR
CITY-ST-ZIP ORMOND BEACH FL

TITLE D ☒ DELETE
NAME CERVINO, WILLIAM
STREET ADDRESS 177 ROBERTA RD
CITY-ST-ZIP ORMOND BEACH FL

TITLE VP ☒ DELETE
NAME BRITTON, JOSEPH B.
STREET ADDRESS 63 BROADMOOR CIRCLE
CITY-ST-ZIP ORMOND BEACH FL

TITLE QT ☐ DELETE
NAME PAPE, JOHN F
STREET ADDRESS 7 SUNSET BLVD.
CITY-ST-ZIP ORMOND BEACH FL 32176-3124

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P GAVIN, PATRICK ☐ Change ☐ Addition
1.2 NAME 32 PLAZA DR
1.3 STREET ADDRESS ORMOND BEACH FL 32176
1.4 CITY-ST-ZIP

2.1 TITLE V LENTZKE, DANIEL A. ☐ Change ☐ Addition
2.2 NAME 241 EUCLID AVE
2.3 STREET ADDRESS ORMOND BEACH FL 32176
2.4 CITY-ST-ZIP

3.1 TITLE D SULLIVAN, TIMOTHY D. ☐ Change ☐ Addition
3.2 NAME 17 KATHY DR
3.3 STREET ADDRESS ORMOND BEACH FL 32176
3.4 CITY-ST-ZIP

4.1 TITLE D HUISMAN, JOHN H. ☐ Change ☐ Addition
4.2 NAME 1209 N BEACH ST.
4.3 STREET ADDRESS ORMOND BEACH FL 32174
4.4 CITY-ST-ZIP

5.1 TITLE S WHALEN, CHARLES F. ☐ Change ☐ Addition
5.2 NAME 126 HILL DALE AVE
5.3 STREET ADDRESS ORMOND BEACH, FL 32176
5.4 CITY-ST-ZIP

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:

John F. Pape

2-21-96

904.441.5383

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)