

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 # 755710 (1)
1. Corporation Name
INDIAN ROCKS BEACH POST HOLDING CORPORATION, INC



Principal Place of Business
**1515 BAY PALM BLVD
P O BOX 1114
INDIAN ROCKS BEACH FL 34635**

Mailing Address
**1515 BAY PALM BLVD
P O BOX 1114
INDIAN ROCKS BEACH FL 34635**

3. Date Incorporated or Qualified
12/30/1980

3a. Date of Last Report
02/03/1995

4. FEI Number
56-6150993

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

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country

9. Name and Address of Current Registered Agent

**PEDICONE, LEON
2304 BAY BLVD #A
INDIAN ROCKS BCH. FL 34635**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 **P** ☐ DELETE
NAME **WINCHUH, R. HERBERT**
STREET ADDRESS **710 14TH AVE. S.W.**
CITY-ST-ZIP **LARGO FL**

TITLE **V** ☒ DELETE
NAME **VOLLRATH, RUDOLPH**
STREET ADDRESS **307 16TH AVE.**
CITY-ST-ZIP **INDIAN ROCK BCH FL**

TITLE **SDV** ☐ DELETE
NAME **MORONI, KENNETH**
STREET ADDRESS **310 10 AVENUE**
CITY-ST-ZIP **INDIAN ROCKS BCH. FL**

NAME **MONASTRA, EDWIN J.** ☐ DELETE
STREET ADDRESS **615 16TH ST. N.W.**
CITY-ST-ZIP **LARGO FL**

TITLE **DS** ☐ DELETE
NAME **MORONI, KENNETH V.**
STREET ADDRESS **310 10TH AVE.**
CITY-ST-ZIP **INDIAN RCKS BCH, FL00000**

TITLE **D** ☐ DELETE
NAME **KUMPF, MARGARET L.**
STREET ADDRESS **9596 141ST ST N.**
CITY-ST-ZIP **LARGO FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

21 TITLE ☒ Change ☐ Addition
22 NAME **GREGORY, R. WILLIAM**
23 STREET ADDRESS **3500 GULF BLVD. APT 214**
24 CITY-ST-ZIP **BELLEAIR BEACH, FL 34635**

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 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: KENNETH V. MORONI

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-7-96

Date

813-595-1369

Daytime Phone

CR2E037 (12/95)