

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **759486** (4)

1. Corporation Name

**N. J. DORCH POST NO. 10085, VETERANS OF FOREIGN
WARS OF THE UNITED STATES, INC.**



Principal Place of Business

Mailing Address

**HIGHWAY 279 N
VERNON FL 32462
US**

**N.J. DORCH POST # 10085
P.O. BOX 602
VERNON FL 32462
US**

3. Date Incorporated or Qualified
08/05/1981

3a. Date of Last Report
03/20/1995

2. Principal Place of Business

2a. Mailing Address

21 **VERNON FL**

26 **PO BOX 602**

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State
VERNON FL

28 City & State
VERNON FL

24 Zip
32462

25 Country
WASHINGTON

29 Zip
32462

30 Country
WASHINGTON

4. FEI Number
23-7089924

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

**CHESSER, ROBERT M
RT 1 BOX 81
VERNON FL 32462**

81 Name
M.C. WOODBURY

82 Street Address (P.O. Box Number is Not Acceptable)
4595 MILLERS FERRY RD

83

84 City
VERNON

FL

85 Zip Code
32462

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 **M.C. WOODBURY MASTER**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

6/17/96

12. OFFICERS AND DIRECTORS

TITLE **P** ☒ DELETE
NAME **JOHNSON, FRED**
STREET ADDRESS **RT 1 BOX 127**
CITY-ST-ZIP **VERNON FL 32462**

TITLE **T** ☒ DELETE
NAME **CHESSER, ROBERT M**
STREET ADDRESS **RT. 1 BOX 81**
CITY-ST-ZIP **VERNON FL**

TITLE **VP** ☒ DELETE
NAME **AUSTIN, A.G.**
STREET ADDRESS **RT 1 BOX 160-A**
CITY-ST-ZIP **VERNON FL 32462**

TITLE **T** ☒ DELETE
NAME **WOODBURY, MORTON C**
STREET ADDRESS **4595 MILLERS FERRY ROAD**
CITY-ST-ZIP **VERNON FL 32462**

TITLE **D** ☒ DELETE
NAME **HOWELL, JAMES S.**
STREET ADDRESS **RT. 1, BOX 77**
CITY-ST-ZIP **VERNON FL 32462**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PRESIDENT** ☒ Change ☐ Addition
1.2 NAME **GLEN D. MICHAELS**
1.3 STREET ADDRESS **434 WISTERIA LANE**
1.4 CITY-ST-ZIP **CHIPLEY FL 32428**

2.1 TITLE **TREASURER** ☒ Change ☐ Addition
2.2 NAME **M.C. WOODBURY**
2.3 STREET ADDRESS **4595 MILLERS FERRY ROAD**
2.4 CITY-ST-ZIP **VERNON FL 32462**

3.1 TITLE **V. PRESIDENT** ☒ Change ☐ Addition
3.2 NAME **JAMES A TAYLOR**
3.3 STREET ADDRESS **3448 ROSE LANE**
3.4 CITY-ST-ZIP **VERNON FL 32462**

4.1 TITLE **TRUSTEE** ☒ Change ☐ Addition
4.2 NAME **FRED JOHNSON**
4.3 STREET ADDRESS **3821 SHELL LANDING ROAD**
4.4 CITY-ST-ZIP **VERNON FL 32462**

5.1 TITLE **TRUSTEE** ☒ Change ☐ Addition
5.2 NAME **VICTOR GRIGOSA**
5.3 STREET ADDRESS **209 SUNNY HILLS**
5.4 CITY-ST-ZIP **CHIPLEY FL 32428**

6.1 TITLE **TRUSTEE** ☒ Change ☐ Addition
6.2 NAME **CHARLES A BANKERT**
6.3 STREET ADDRESS **PO BOX 1298 Y**
6.4 CITY-ST-ZIP **YOUNGSTOWN FL 32466**

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:

M.C. WOODBURY
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # **408**

0017068

CR2E037 (3/96)