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Jan 22 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 # 760979 (5)

1. Corporation Name

MT. PLYMOUTH POST NO. 10474 VETERANS OF FOREIGN
WARS OF THE UNITED STATES, INC.

Principal Place of Business

P.O. BOX 232
SORRENTO FL 32776
US

Mailing Address

P.O. BOX 232
SORRENTO FL 32776-0232
US



3. Date Incorporated or Qualified 12/09/1981 3a. Date of Last Report 02/21/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

4. FEI Number

59-2029833

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

SABIN, DANIEL J
35332 JOHNS LANE
EUSTIS FL 32726

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 D ☒ DELETE
NAME HIPPLE, GROVER T
STREET ADDRESS 31902 VINE ST
CITY-ST-ZIP SORRENTO FL

TITLE D ☒ DELETE
NAME KAUFMAN, THEODORE R
STREET ADDRESS 30622 APAWAMIS
CITY-ST-ZIP SORRENTO FL

TITLE D ☐ DELETE
NAME SABIN, DANIEL J.
STREET ADDRESS 35332 JOHNS LN
CITY-ST-ZIP EUSTIS FL

TITLE D ☐ DELETE
NAME PIFER, GEORGE
STREET ADDRESS 107 SHETLAND TERRACE
CITY-ST-ZIP SORRENTO FL

TITLE D ☐ DELETE
NAME SIMPSON, ELDRIDGE O.
STREET ADDRESS PO BOX 166
CITY-ST-ZIP SORRENTO FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE D ☒ Change ☐ Addition
1.2 NAME NARON W. ALLEN
1.3 STREET ADDRESS 30703 APAWAMIS ST
1.4 CITY-ST-ZIP SORRENTO FL 32776

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME JAMES A. SERGENT
2.3 STREET ADDRESS 129 HILLSBOROUGH DR
2.4 CITY-ST-ZIP SORRENTO, FL 32776

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
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0014761

CR2E037 (9/96)