

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 24 AM 8:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 761287 (2)

1. Corporation Name

SILVER SPRINGS, POST NO. 10111 VETERANS OF FOREIGN WARS OF THE UNITED STATES, INC.

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 12/30/1981	3a. Date of Last Report 04/13/1994
4. FEI Number 51-0205342	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$6.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐	\$68.75 Supplemental Fee Not Required
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	2a. Mailing Address 25 Suite, Apt. #, etc. 27 City & State 28 Zip 29
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9. Name and Address of Current Registered Agent

BURKE, HOWARD L.
503 CLEAR RD.
OCALA FL 34472

10. Name and Address of New Registered Agent

81 Name BURKE, HOWARD L.	82 Street Address (P.O. Box Number is Not Acceptable) SIS SAPPHIRE LANE	83	84 City OCALA	85 Zip Code FL 34472
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11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Howard L. Burke
Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE CD	CD	1.1 TITLE VERGE, JONAS	☒ Change ☐ Addition
NAME HITZ, DUANE	NAME VERGE, JONAS	1.2 NAME	
STREET ADDRESS 5014 W. WOODLAWN ST.	STREET ADDRESS P.O. BOX 162 NA	1.3 STREET ADDRESS	
CITY-ST-ZIP DUNNELLON FL	CITY-ST-ZIP SILVER SPRING'S FLORIDA 34489	1.4 CITY-ST-ZIP	
TITLE VD	VD	2.1 TITLE	☒ Change ☐ Addition
NAME ALDANA, MANNY	NAME LVELY, GALE	2.2 NAME	
STREET ADDRESS 906 NE 3RD ST., APT. 14	STREET ADDRESS RT. 6 BOX 15	2.3 STREET ADDRESS	
CITY-ST-ZIP OCALA FL	CITY-ST-ZIP SILVER SPRING'S FLORIDA 34488	2.4 CITY-ST-ZIP	
TITLE DT	DT	3.1 TITLE	☒ Change ☐ Addition
NAME BURKE, HOWARD L.	NAME BURKE, HOWARD L.	3.2 NAME	
STREET ADDRESS 503 CLEAR ROAD	STREET ADDRESS SIS SAPPHIRE LANE	3.3 STREET ADDRESS	
CITY-ST-ZIP OCALA FL	CITY-ST-ZIP OCALA, FLORIDA 34472	3.4 CITY-ST-ZIP	
TITLE	4.1 TITLE	4.1 TITLE	☐ Change ☐ Addition
NAME	4.2 NAME	4.2 NAME	
STREET ADDRESS	4.3 STREET ADDRESS	4.3 STREET ADDRESS	
CITY-ST-ZIP	4.4 CITY-ST-ZIP	4.4 CITY-ST-ZIP	
TITLE	5.1 TITLE	5.1 TITLE	☐ Change ☐ Addition
NAME	5.2 NAME	5.2 NAME	
STREET ADDRESS	5.3 STREET ADDRESS	5.3 STREET ADDRESS	
CITY-ST-ZIP	5.4 CITY-ST-ZIP	5.4 CITY-ST-ZIP	
TITLE	6.1 TITLE	6.1 TITLE	☐ Change ☐ Addition
NAME	6.2 NAME	6.2 NAME	
STREET ADDRESS	6.3 STREET ADDRESS	6.3 STREET ADDRESS	
CITY-ST-ZIP	6.4 CITY-ST-ZIP	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 110.07(3)(b), 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:

Howard L. Burke
Signature typed or printed name of signing officer or director

Date

Anytime 1 Year

4-20-95 1-904-687-8041