

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 # **763001** (5)

1. Corporation Name

**DONALD A. ROSS POST NO. 9610 VETERANS OF FOREIGN
GN WARS OF THE UNITED STATES, INC.**



Principal Place of Business

**354 TENTH STREET
LAKE PARK FL 33403**

Mailing Address

**354 TENTH STREET
LAKE PARK FL 33403**

3. Date Incorporated or Qualified
04/27/1982

3a. Date of Last Report
02/21/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

4. FEI Number

NOT APPLICABLE

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

**BALDWIN, GEORGE W
330 U.S. HWY 1
LAKE PARK FL 33403**

10. Name and Address of New Registered Agent

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

TITLE **PD** ☐ DELETE
NAME **LICK, RONAD**
STREET ADDRESS **411 EVERGREEN DR**
CITY-ST-ZIP **LAKE PARK FL**

TITLE **VD** ☐ DELETE
NAME **NATOLI, ALBERT D.**
STREET ADDRESS **14888 82ND COURT NORTH**
CITY-ST-ZIP **WEST PALM BEACH FL**

TITLE **SD** ☐ DELETE
NAME **MEARES, DONALD**
STREET ADDRESS **382 LIGHTHOUSE DRIVE**
CITY-ST-ZIP **PALM BCH GARDENS FL**

TITLE **SD** ☐ DELETE
NAME **MCDERMOTT, JOHN T.**
STREET ADDRESS **3223 GARDENS DRIVE #A**
CITY-ST-ZIP **PALM BEACH GARDENS FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PD** ☒ Change ☐ Addition
1.2 NAME **NATOLI, ALBERT D.**
1.3 STREET ADDRESS **14688 92ND COURT NORTH**
1.4 CITY-ST-ZIP **WEST PALM BEACH FL**

2.1 TITLE **VD** ☒ Change ☐ Addition
2.2 NAME **DIETCH, ROBERT F.**
2.3 STREET ADDRESS **25 SO. FOUR SEASONS**
2.4 CITY-ST-ZIP **PALM BEACH GARDENS, FL**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE **SD** ☒ Change ☐ Addition
4.2 NAME **HOWARD, ROBERT W.**
4.3 STREET ADDRESS **925 EUCALYPTUS ROAD**
4.4 CITY-ST-ZIP **NORTH PALM BEACH FL**

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 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:

Don Meares

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-18-96

Date

(407) 842-9110

Daytime Phone #

CR2E037 (12/95)