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Jan 22 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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

Mailing Address

**354 TENTH STREET
LAKE PARK FL 33403**

**354 TENTH STREET
LAKE PARK FL 33403**



2. Principal Place of Business		2a. Mailing Address	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Zip
24	Country	29	Country

3. Date Incorporated or Qualified 04/27/1982	
4. FEI Number NOT APPLICABLE	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 <input checked="" type="checkbox"/> DELETE
NAME	NATOLI, ALBERT D
STREET ADDRESS	14688 92ND COURT N.
CITY-ST-ZIP	WEST PALM BEACH FL
TITLE	VD <input checked="" type="checkbox"/> DELETE
NAME	DIETCH, ROBERT F
STREET ADDRESS	25 S. FOUR SEASONS
CITY-ST-ZIP	PALM BEACH GARDENS FL
TITLE	SD <input checked="" type="checkbox"/> DELETE
NAME	MEARES, DONALD
STREET ADDRESS	382 LIGHTHOUSE DRIVE
CITY-ST-ZIP	PALM BCH GARDENS FL
TITLE	SD <input checked="" type="checkbox"/> DELETE
NAME	HOWARD, ROBERT W
STREET ADDRESS	925 EUCALYPTUS, RD.
CITY-ST-ZIP	NORTH PALM BEACH FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	DD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	SUTTON, ALLEN W.
1.3 STREET ADDRESS	2612 PEPPERWOOD CIRCE
1.4 CITY-ST-ZIP	NORTH PALM BEACH FL 33408
2.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	VONDEMBOWSKI, JOSEPH S.
2.3 STREET ADDRESS	716 EASTWIND DRIVE
2.4 CITY-ST-ZIP	NORTH PALM BEACH FL 33408
3.1 TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	CULLEN, THOMAS P.
3.3 STREET ADDRESS	9175 165TH PLACE N.
3.4 CITY-ST-ZIP	JUPITER FL 33478
4.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	MCDERMOTT, JOHN T.
4.3 STREET ADDRESS	3223 GARDENS EAST DRIVE - #1A
4.4 CITY-ST-ZIP	PALM BEACH GARDENS FL 33410
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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:

ALL INFORMATION REQUIRED

1/8/98

(561) 842-9110

CR2E037 (10/97)