

DOCUMENT # 763001

1. Entity Name

DONALD A. ROSS POST NO. 9610 VETERANS OF FOREIGN

Principal Place of Business

354 TENTH STREET
LAKE PARK FL 33403

Mailing Address

354 TENTH STREET
LAKE PARK FL 33403

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

NOT APPLICABLE

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	NATOLI, AL	
STREET ADDRESS	14688 -92ND CT N	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33412	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	LICK, RONALD	
STREET ADDRESS	411 EVERGREEN DR	
CITY-ST-ZIP	LAKE PARK FL 33403	
TITLE	TD	<input type="checkbox"/> Delete
NAME	MEARES, DON LTC	
STREET ADDRESS	382 LIGH HOOSE DR	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410	
TITLE	SD TD	<input type="checkbox"/> Delete
NAME	SUTTON, ALLEN	
STREET ADDRESS	736 PROSPERITY FARMS RD	
CITY-ST-ZIP	NORTH PALM BEACH FL 33408	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOHN BRENNAN	
STREET ADDRESS	9706 SANDY RUN ROAD	
CITY-ST-ZIP	JUPITER, FL 33478	
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TOM COHEN	
STREET ADDRESS	9175 -165TH PLACE	
CITY-ST-ZIP	JUPITER, FL 33478	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Col. Don Meares*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
DATE: 01/07/01
DAYTIME PHONE #: (561) 848-2500

FILED
Jan 16, 2001 8:00 am
Secretary of State

01-16-2001 90009 034 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)