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CORPORATION ANNUAL REPORT **1995**

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 27 PM 4:18

DOCUMENT # 763839 (8)

1. Corporation Name

SANFORD POST NO. 10108 VETERANS OF FOREIGN WARS OF THE UNITED STATES, INC.

Principal Place of Business	Mailing Address
200 W SEMINOLE BLVD. P.O. BOX 1081 SANFORD FL 32772-1081	200 W SEMINOLE BLVD. P.O. BOX 1081 SANFORD FL 32772-1081

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/22/1982
3a. Date of Last Report: 01/25/1994
4. FEI Number: 59-3205586 ☐ 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
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	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

KOSCHWITZ, CURT H.
608 MIMOSA TERRACE
SANFORD FL 32773

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 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VD	1.1 TITLE PD	RUSSELL F. GELINAS	☑ Change ☐ Addition
NAME	MELI, CHARLES S	1.2 NAME		
STREET ADDRESS	2507 YALE AVE	1.3 STREET ADDRESS	27 STONE GATE S,	
CITY-ST-ZIP	SANFORD FL	1.4 CITY-ST-ZIP	LONGWOOD FL 32779-3021	
TITLE	SD	2.1 TITLE VD	HAROLD J SCOTT	☑ Change ☐ Addition
NAME	FALGIONE, JOSEPH J.	2.2 NAME		
STREET ADDRESS	128 PINECREST DR.	2.3 STREET ADDRESS	67 MALITA RD	
CITY-ST-ZIP	SANFORD FL	2.4 CITY-ST-ZIP	DEBARY FL 32713	
TITLE	TD	3.1 TITLE		☐ Change ☐ Addition
NAME	KOSCHWITZ, CURT	3.2 NAME		
STREET ADDRESS	608 MIMOSA TERRACE	3.3 STREET ADDRESS		
CITY-ST-ZIP	SANFORD FL	3.4 CITY-ST-ZIP		
TITLE	PD	4.1 TITLE SD	JOSEPH J FALGIONE	☑ Change ☐ Addition
NAME	ILES, JAMES T	4.2 NAME		
STREET ADDRESS	2301 E GRAVES AVE, BOX 3	4.3 STREET ADDRESS	128 PINECREST DR	
CITY-ST-ZIP	ORANGE CITY FL	4.4 CITY-ST-ZIP	SANFORD FL 32773	
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
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 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: Curt H Koschwitz 1/17/95 (A/C 407) 323-0288
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
CURT H. KOSCHWITZ (TD)

0032803