

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 # **763839** (8)

1. Corporation Name

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



Principal Place of Business

Mailing Address

**203 W SEMINOLE BLVD.
P.O. BOX 1081
SANFORD FL 32772-1081**

**203 W SEMINOLE BLVD.
P.O. BOX 1081
SANFORD FL 32772-1081**

2. Principal Place of Business

21 **608 MIMOSA TERRACE**

2a. Mailing Address

25 **PO BOX 1081**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

23 **SANFORD FL**

27 City & State

28 **SANFORD FL**

Zip

24 **32773**

Country

25 **SEMINOLE**

Zip

29 **32772-1081**

Country

30 **SEMINOLE**

9. Name and Address of Current Registered Agent

**KOSCHWITZ, CURT H.
608 MIMOSA TERRACE
SANFORD FL 32773**

3. Date Incorporated or Qualified
06/22/1982

3a. Date of Last Report
01/27/1995

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**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes ☒ No

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

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

CURT H. KOSCHWITZ T/O

1-16-96

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	GERMAIN, RUSSELL	
STREET ADDRESS	27 STONE GATE S.	
CITY-ST-ZIP	LONGWOOD FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	SCOTT, HAROLD J.	
STREET ADDRESS	67 MARITA RD	
CITY-ST-ZIP	DEBARY FL 32713	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	KOSCHWITZ, CURT	
STREET ADDRESS	608 MIMOSA TERRACE	
CITY-ST-ZIP	SANFORD FL 32773	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	FALFIONE, JOSEPH J.	
STREET ADDRESS	128 PINECREST DR	
CITY-ST-ZIP	SANFORD 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	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	MELI, CHARLES	
1.3 STREET ADDRESS	2507 YALE AVE	
1.4 CITY-ST-ZIP	SANFORD FL 32773	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	S.D.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	GERMAIN, RUSSELL	
4.3 STREET ADDRESS	27 STONE GATE S.	
4.4 CITY-ST-ZIP	LONGWOOD FL 32779	
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 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:

Curt H. Koschwitz
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CURT H. KOSCHWITZ 1-16-95

Date

Daytime Phone #

CR2E037 (12/95)