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NONPROFIT CORPORATION ANNUAL REPORT **1997**

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
~~608 MIMOSA TERRACE~~ 2644 S. SANFORD AVE P.O. BOX 1081 SANFORD FL 32773 US	P. O. OX 1081 P.O. BOX 1081 SANFORD FL 32772-1081 US

3. Date Incorporated or Qualified: 06/22/1982
3a. Date of Last Report: 01/25/1996

2. Principal Place of Business
21: 2644 SO. SANFORD AVE
Suite, Apt. #, etc. 22: SANFORD, FLORIDA
City & State 23: 32773 SEMINOLE
Zip 24 / Country 25

2a. Mailing Address
26: P.O. BOX 1081
Suite, Apt. #, etc 27:
City & State 28: SANFORD, FLORIDA
Zip 29: 32772-1081 / Country 30: SEMINOLE

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

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: PROKOSCH, JOHN W.
82 Street Address (P.O. Box Number is Not Acceptable): 172 WOOD RIDGE TRAIL
83:
84 City: SANFORD, FL 85 Zip Code: 32771

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: John W. Prokosch JOHN W. PROKOSCH 1-20-97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD MELL, CHARLES 2507 YALE AVENUE SANFORD FL	☑ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	PD SCOTT, HAROLD J	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD SCOTT, HAROLD J. 67 MARITA RD DEBARY FL	☑ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	VD DESMOND SAWYER 1012 S. MYRTLE AVE. SANFORD, FL. 32771	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD KOSCHWITZ, CURT 608 MIMOSA TERRACE SANFORD FL	☑ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	TD PROKOSCH, JOHN W 172 WOOD RIDGE TRAIL	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD GERMAIN, RUSSELL 27 STONE GATE S. LONGWOOD FL	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/96)

14. I do 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: John W. Prokosch JOHN W. PROKOSCH (407) 322-0485 1-20-97