

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 22, 1999 8:00 am
Secretary of State

02-22-1999 90133 046 ****61.25

0014752

DOCUMENT # 763839

1. Corporation Name

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

Principal Place of Business

2644 SOL SANDORD AVE.
P.O. BOX 1081
SANFORD FL 32773
US

Mailing Address

P. O. OX 1081
P.O. BOX 1081
SANFORD FL 32772-1081
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

06/22/1982

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

9. Name and Address of Current Registered Agent

PROKOSCTT, JOHN W.
172 WOOD RIDGE TRAIL
SANFORD FL 32771

10. Name and Address of New Registered Agent

81 Name DENNIS J. GILMORE

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

403- WILLOW AVE.

83 SANFORD FL 32771

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.0508, 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, hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Jan. 4, 1999

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE
NAME CASS, NORMAN L
STREET ADDRESS 12910 MISSOURI WOODS CT
CITY-ST-ZIP ORLANDO FL 32824

TITLE VD ☐ DELETE
NAME ILSE, JAMES T
STREET ADDRESS 42200 CHERRY AVE
CITY-ST-ZIP DELAND FL 32720

TITLE TD ☒ DELETE
NAME PROKOSCH JOHN W.
STREET ADDRESS 172 WOOD RIDGE TRAIL
CITY-ST-ZIP SANFORD FL

TITLE SD ☐ DELETE
NAME MELI, CHARLES S
STREET ADDRESS 2507 YALE AVE
CITY-ST-ZIP SANFORD FL 32773

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME TD DENNIS J. Gilmore
1.3 STREET ADDRESS 403- WILLOW AVE
1.4 CITY-ST-ZIP SANFORD, FL. 32771

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan 4, 1999

407-323-5976

CR2E037 (11/98)