FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B - Mortham

Secretary of State DIVISION OF CORPERATIONS

1996

DOCUMENT #

765406

(4)

MARION OAKS POST NO. 10091 VETERANS OF FOREIGN W ARS OF THE UNITED STATES, INC.

Principal Place of Business

Mailing Address

294 MARION OAKS LANE **OCALA FL 34473**

P.O. BOX 11237 OCALA FL 34473-1237



US		US					
2 Dringing D				(e Incorporated or Qualified 10/14/1982	3a. Date of Last Report 04/21/1995	
21 MAR Suite, Apt.	tace of Business ON OAKS COMMUNITY		n Oaks L	4. FEI	Number 59-1929112	Applied For Not Applicable	
City & State		Suite, Apt. #, etc.		1	tificate of Status Desired	\$8.75 Additional Fee Required	
23 OC A	ha Fh	City & State 28 CCAA	FL		etion Campaign Financing at Fund Contribution	\$5.00 May Be Added to Fees	
24 344	73 25 MARION	29 34473 3	Country 10 MARIO	≀/) ∤ Flor	ida Statutes	itangible tax under s. 199,032, Yes □ No	
					10. Name and Address of New Registered Agent		
HUENTERFORD STAMERS WITH TOSED S BARRETT 1518 SW 13 TERRACE RD 15127 SU 3840 3593 S. W 148 PLACE							
4	OCAL	A, FL. 344	B4 City	00-1	_	85 Zip Code	
11. Pursuant to the provisions of Sections 617.0600 and 617.1600 and 6							
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							
SIGNATURE	Schalure typed or printed name of registered agent and	- Cura	legistered Agent signature in	02/14	S. Barell	June 7, 1996	
12.	OFFICERS AND D		13.	After menstalin	UITIONIS/ONANICES TO OFFIC	DERS AND DIRECTORS IN 12	
TITLE	PD	DELETE	1.1 TITLE	Comme			
NAME	RAO, LOUIS	_	1.2 NAME			Change Addition	
STREET ADDRESS	3015 SW 144TH PLACE ROAD OCALA FL		1.3 STREET ADDRESS	SIEM	285 Will. 256 386	e Circle	
CITY-ST-ZIP			1 4 CITY - ST - ZIF	OCA	ka. FL :	34473 D	
TITLE	VD	□ DELETE	2 1 TITLE	5R. U	ice Comm	Change Addition	
NAME	GLASCOOOK, HOBERT JR		2.2 NAME	Roch	E Willi	em G	
STREET ADDRESS	14566 SW 34TH TERRACE RD OCALA FL		2 3 STREET ADDRESS	1522		IN CIRCLE	
CITY-ST-ZIP			2 4 CITY-ST-ZIP	Och	A Fh	34473 17	
TITLE	TD FADILE	DELETE	31 TITLE	JR. UIC	& COMM	Change Addition	
NAME	HUEBNER, EARL F		3 2 NAME	muce		IR S.	
STREET ADDRESS	15175 SW 43RD TERRACE RD OCALA FL		33 STREET ADDRESS	3552			
CITY-ST-ZIP	SD SD		3.4. CITY-ST-ZIP	OCAL	A. 1=L	3447 3	
TITLE NAME	BARRETT, JOSEPH	DELETE	41 TITLE	Tapua	CRMASTE	Change Addition	
STREET ADDRESS	3593 SW 148TH PLACE		4 2 NAME	BARR	CETT Ju	SEDLS W	
	OCALA FL		4.3 STREET ADDRESS	3593		8 PLACE	
CITY-ST-ZIP TITLE	OUNDATE	E DE ETE	4.4 CITY - ST - ZIP	OCAL	a 1=1	34473	
NAME		DELETE	5 1 TITLE			☐ Change ☐ Addition	
STREET ADDRESS			5 2 NAME				
			5 3 STREET ADDRESS				
CITY-ST-ZIP TITLE	M	- Drorre	5.4 CITY - ST - ZIP				
NAME		DELETÉ	6.1 TITLE	-=	0000185	Change Addition	
STREET ADDRESS			6 2 NAME	-=	-06/12/960102	3031 -	
CITY-ST-ZIP			6.3 STREET ADDRESS		***61.25		
	certify that the information supplied with	this filing is valuntarily furnished	64 CITY - ST - ZIP	if for the au			

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 cath, 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 papears in Block 12 or Block 13 if changed, or on an attachment with an address.