

FILE NOW: FILING FEE IS \$61.25

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May 07 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **765406** (4)

1. Corporation Name

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

Principal Place of Business

Mailing Address

**294 MARION OAKS LANE
OCALA FL 34473
US**

**P.O. BOX 11237
OCALA FL 34473-1237
US**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/14/1982		3a. Date of Last Report 05/01/1996	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 59-1929112		Applied For Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country		29 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BARRETT, JOSEPH S
3593 S.W. 148TH PLACE
OCALA FL 34473**

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

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	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	P/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIEMERS, WILLIAM P	1.2 NAME	WASSERMAN, IRWIN
STREET ADDRESS	15122 S.W. 38TH CIRCLE	1.3 STREET ADDRESS	478 MARION OAKS LANE
CITY-ST-ZIP	OCALA FL 34473	1.4 CITY-ST-ZIP	OCALA, FL. 34473
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROCHE, WILLIAM G	2.2 NAME	JASEK, BARNEY E, JR.
STREET ADDRESS	15220 S.W. 39TH CIRCLE	2.3 STREET ADDRESS	15122 S.W. 43RD TERRACE RD.
CITY-ST-ZIP	OCALA FL 34473	2.4 CITY-ST-ZIP	OCALA, FL. 34473
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MUCCI, ARTHUR S	3.2 NAME	King, William C.
STREET ADDRESS	3552 SW 151ST ST.	3.3 STREET ADDRESS	303 MARION OAKS DR.
CITY-ST-ZIP	OCALA FL 34473	3.4 CITY-ST-ZIP	OCALA, FL. 34473
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARRETT, JOSEPH	4.2 NAME	
STREET ADDRESS	3593 SW 148TH PLACE	4.3 STREET ADDRESS	
CITY-ST-ZIP	OCALA FL 34473	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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 *Joseph S. Barrett* DATE *05-01-1996*

CR2E037 (9/96)