## **FILE NOW: FILING FEE IS \$61.25**

**NONPROFIT** CORPORATION **ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name 765406

(4)

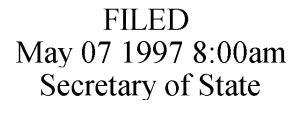
MARION OAKS POST NO. 10091 VETERANS OF FOREIGN W ARS OF THE UNITED STATES, INC.

Principal Place of Business

Mailing Address

294 MARION OAKS LANE

P.O. BOX 11237





| OCALA FL 34473   |                               | OCALA FL 34473-1237 |                     |                   |  |
|--|-------------------------------|---------------------|---------------------|-------------------|--|
| US   |                               | US                  |                     |                   | 3. Date Incorporated or Qualified  |
|  | ace of Business               | 2a. Mailing Address |                     |                   | 4. FEI Number Applied For  |
| 21   |                               | 26                  |                     |                   | 59-1929112 Not Applicable  |
| Sulte, Apt. #, etc.  |                               | Suite, Apt. #, etc. |                     |                   | 5. Cerlificate of Status Desired See Required Fee Required   |
| City & State   |                               | City & State        |                     |                   | 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees   |
| Zip  | Country                       | Zip                 | Cour                | try               | This corporation has liability for intangible tax under s. 199.032,  |
| 24   | 25                            | 29                  | 30                  |                   | Florida Statutes   |
| <del></del>  | 9. Name and Address of Curren | t Registered Agent  |                     | 31 Name           | 10. Name and Address of New Registered Agent   |
|  | T 100001 0                    |                     | [                   | 31 Name           | ne in the second of the second |
|  | T, JOSEPH S                   | 82 Street Add       |                     | 32 Street         | et Address (P.O. Box Number is Not Acceptable)   |
|  | W 148TH PLACE<br>FL 34473     |                     | 83                  |                   |  |
| UCALA  | rl 9 <del>11</del> /3         |                     |                     |                   |  |
|  |                               |                     | Ţ:                  | 34 City           | FL 85 Zip Code   |
| 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statules, 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 talk if applicable (NOTE: Registered Agent signature required when reinstating) DATE  |                               |                     |                     |                   |  |
| 12.  | OFFICERS AND                  |                     | 13.                 |                   | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  |
| TITLE  | D                             | 🔀 DELETE            | 1.1 T)TU            |                   | P/D M Change Addition  |
| NAME   | SIEMERS, WILLIAM P            |                     | 1.2 NA/             |                   | WASSERMAN IRWIN<br>478 MARION DAKS LANE  |
| STREET ADDRESS   | 15122 S.W. 38TH CIRCLE        |                     |                     | EET ADDRESS       | OCALA FL. 34473  |
| City-ST-ZIP<br>Title   | OCALA FL 34473                | <b>⊠</b> DELETE     | 1.4 CIT<br>2.1 TITL | / - ST - ZIP      | Change Addition  |
| NAME   | ROCHE, WILLIAM G              | Z octor             | 2 2 NAM             |                   | TASEK BARDEN E Je:   |
| STREET ADDRESS   | 15220 S.W. 39TH CIRCLE        |                     |                     | FET ADDRESS       | JASEK, BARNEY F. JR. 15122 S.W. 43 RS TERRACE Rd.  |
| CITY-ST-ZIP  | OCALA FL 34473                |                     |                     | Y - ST - ZIP      | OCALA, FL 34473  |
| TITLE  | D                             | <b>⊠</b> DELETE     | 31 111              |                   | Change Addition  |
| NAME   | MUCCI, ARTHUR S               |                     | 3 2 NAM             | <b>A</b> E        | King, William C Dadition   |
| STREET ADDRESS   | 3552 SW 151ST ST.             |                     | 3 3 STR             | EET ADDRESS       | SLAND MARION CARS DE   |
| CITY-ST-ZIP  | OCALA FL 34473                |                     |                     | Y-ST-ZIP          | OCALA FL 34473   |
| TITLE  | <b>Y</b>                      | ☐ DELETE            | 4.1 TITL            | E                 | ☐ Change ☐ Addition  |
| NAME   | BARRETT, JOSEPH               |                     | 4. 2 NA             |                   |  |
| STREET ADDRESS   | 3593 SW 148TH PLACE           |                     |                     | EET ADDRESS       | is   |
| CITY-ST-ZIP<br>TITLE   | OCALA FL 34473                | DELETE              |                     | r - ST - ZIP      | Chance Addition  |
| NAME   |                               | ריין מנכנונ         | 5.1 TITL            |                   | Change Addition  |
| STREET ADDRESS   |                               |                     | 5.2 NAM             |                   |  |
| CITY-ST-ZIP  |                               |                     |                     | EET ADDRESS       | 8  |
| TITLE  |                               | DELETE              | 6.1 TITL            | ' - ST - ZIP<br>E | Change Addition  |
| NAME   |                               |                     | 6.2 NAN             |                   | Z Vienge Addition  |
| STREET ADDRESS   |                               |                     | 1                   | EET ADDRESS       | s  |
| CITY-ST-ZIP  |                               |                     |                     | '-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.