

DOCUMENT # 765406

1. Entity Name

MARION OAKS POST NO. 10091 VETERANS OF FOREIGN W

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1929112

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FOSTER, MYER  
120 MARION OAKS RIVE  
OCALA FL 34473

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:  
FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☒ Delete  
NAME WASSERMAN, IRWIN  
STREET ADDRESS 15122 SW 43RD TERRACE RD  
CITY-ST-ZIP Ocala FL 34473

TITLE SETTY, WILFRIED E. ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 14580 SW 29th Av. RD.  
CITY-ST-ZIP Ocala, FL. 34473

TITLE D ☐ Delete  
NAME KING, WILLIAM C  
STREET ADDRESS 303 MARION OAKS DRIVE  
CITY-ST-ZIP Ocala FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME D'ATTOMA, JOHN A  
STREET ADDRESS 14090 SW 32ND TERRACE RD  
CITY-ST-ZIP Ocala FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME FOSTER, MYER  
STREET ADDRESS 120 MARION OAKS DRIVE  
CITY-ST-ZIP Ocala FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Myer Foster* MYER FOSTER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

352-347-0158

FILED  
Jan 28, 2000 8:00 am  
Secretary of State

01-28-2000 90096 013 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)