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 # 766867

(6)

WINTER PARK AND MAITLAND POST NO. 10180 VETERANS OF FOREIGN WARS OF THE UNITED STATES, INC.

OF FOR	reign W	vas of the u	UNITED STATES	, INC.				
Principal Place	of Business		Mailing Add	iress			T LOUGHY CHANGE OF HIS \$1101 FROM DIVING	ODE BIBLE BERKE DIRKE DIDIN BERKE DIRKE IRDE
2706 WELLS AVENUE 2706 WELLS AVENUE FERN PARK FL 32730 FERN PARK FL 32730-203-								
							 Date Incorporated or Qualified 02/08/1983 	3a. Date of Last Report 05/17/1996
2. Principal Pl	ace of Busin	ess	2a. Mailing	2a. Mailing Address			4. FEI Number	Applied For
21			26				59-2320275	Not Applicable
Suite, Apt. :	#, etc.		<u>├</u> ─┐ ' '	ot. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State			27 City & S	tate			6. Election Campaign Financing	\$5.00 May Be
23	,		28				Trust Fund Contribution	Added to Fees
Zip		Country	Zip		Country		8. This corporation has liability for	intangible tax under s. 199.032,
24		25	29		30			Yes No
	9. Name	and Address of Ci	urrent Registered Ag	ent			10. Name and Address of New Re	gistered Agent
					81	Name		
ICARDI, ALDO, (ESQ)					82	Street Add	dress (P.O. Box Number is Not Acceptal	ole)
	IS DRIVE				83			
WINTER	PARK FL 3	2789			63			
					84	City		FL 85 Zip Code
office or re	edistered add	ent, or both, in the 3	7.0502 and 617.1508, State of Florida. Such obligations of, Section	change was a	uthorized by	the corpora	rporation submits this statement for the pation's board of directors. I hereby acce	ourpose of changing its registered of the appointment as registered
SIGNATURE _		.,						
SIGNATURE _	Signature typeo	or printed name of register	ed agent and title if applicable	. (NOTE	: Registered Age	ent signature req	ulred when reinstating)	DATE
12.		OFFICERS	S AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFI	
TITLE	PD		L	DELETE	11 TITLE			Change Addition
NAME	O'BRIEN				1.2 NAME			
STREET ADDRESS	_	ELLS AVE.			1.3 STREET			
CITY-ST-ZIP	FERN PA	WK TL		DELETE	1.4 CITY - S 2.1 TITLE	T-ZIP		Change Addition
TITLE NAME	VD Doyle,	IACK	L	OLCCIC	2.2 NAME			C Outside C Natural
STREET ADORESS		D LION SQ			2.3 STREET	ADDRESS		
CITY-ST-ZIP		PARK FL			2.4 CITY-			
TITLE	STD	1744114		DELETE	3.1 TITLE	31-211		Change Addition
NAME		, GEORGE L			3.2 NAME			
STREET ADDRESS		RADEWINDS RO).		3.3 STREET	ADDRESS		
CITY-ST-ZIP		SPRINGS FL			3.4. CITY-	ST-ZIP		
TITLE				DELETE	4.1 TITLE			Change Addition
NAME					4. 2 NAME			
STREET ADDRESS					4.3 STREET	ADDRESS		
CITY-ST-ZIP					4.4 CITY - S	T - ZIP		
TITLE				DELETE	5.1 TITLE			☐ Change ☐ Addition
NAME					5.2 NAME			
STREET ADDRESS					5.3 STREET	AODRESS		
CITY-ST-ZIP				Dr. for	5.4 CITY - S	ST-ZIP		
TITLE			Į.	DELETE	6.1 TITLE			☐ Change ☐ Addition
NAME					6.2 NAME			
STREET ADDRESS						ADDRESS		
C+TY - ST - ZIP	1				6.4 CITY - S	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: _

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

707-737-8009 Daytime Phone # 0013708

FILED

Jan 17 1997 8:00am

Secretary of State