

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 03 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # **766867** (6)

1. Corporation Name

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

Principal Place of Business

**2706 WELLS AVENUE
FERN PARK FL 32730**

Mailing Address

**2706 WELLS AVENUE
FERN PARK FL 32730**

3. Date Incorporated or Qualified

02/08/1983

4. FEI Number

59-2320275

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ICARDI, ALDO, (ESQ)
990 LEWIS DRIVE
WINTER PARK FL 32789**

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

TITLE	PD	<input type="checkbox"/> DELETE
NAME	O'BRIEN, LARRY	
STREET ADDRESS	2706 WELLS AVE.	
CITY-ST-ZIP	FERN PARK FL	

TITLE	VD	<input type="checkbox"/> DELETE
NAME	DOYLE, JACK	
STREET ADDRESS	2891 RED LION SQ	
CITY-ST-ZIP	WINTER PARK FL	

TITLE	STD	<input type="checkbox"/> DELETE
STREET ADDRESS	155 W. TRADEWINDS RD.	
CITY-ST-ZIP	WINTER SPRINGS FL	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	BURWINKEL, PHILIP M.	
1.3 STREET ADDRESS	1415 BESSMORE RD.	
1.4 CITY-ST-ZIP	WINTER PARK, FL 32789	

2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	PERKINS, WILMA L.	
2.3 STREET ADDRESS	1531 CURLESS AVE.	
2.4 CITY-ST-ZIP	APOPKA, FL 32712	

3.1 TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	LA ROSE, NOELLA T.	
3.3 STREET ADDRESS	450 FITZWALTER DR.	
3.4 CITY-ST-ZIP	WINTER PARK, FL 32792	

4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		

5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. 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 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: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-13-98

CR2E037 (10/97)