


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 08, 2004 8:00 am
Secretary of State

07-08-2004 90096 018 ****70.00

DOCUMENT # 766867 1. Entity 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		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent ICARDI, ALDO, (ESQ) 990 LEWIS DRIVE WINTER PARK, FL 32789				7. Name and Address of New Registered Agent Name: <u>NA</u> Street Address (P.O. Box Number is Not Acceptable) City: <u>FL</u> 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when re-registering) DATE _____					
Filing Fee is \$61.25 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROBINSON, JERRY 2706 WELLS AVE WINTER SPRINGS, FL 32708	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WESTERN, MIKE 2706 WELLS AVE. FERN PARK, FL 32730
<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ZEK, JACERTIAN 2706 WELLS AVE WINTER SPRINGS, FL 32708	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ROBERT THORNTON 2706 WELLS AVE. FERN PARK, FL 32730
<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD YORK, RONALD T 2706 WELLS AVE WINTER SPRINGS, FL 32708	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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: <u>Robert Thornton</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date: <u>7-5-04</u> Daytime Phone #: <u>407 831-8004</u>	

04060468



07042004 Chg-NP CR2E037 (10/03)

4. FEI Number
59-2320275

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

Name

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

City

FL

Zip Code

SIGNATURE

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

(NOTE: Registered Agent signature required when re-registering)

DATE

Filing Fee is \$61.25
Due by September 8, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

PD
ROBINSON, JERRY
2706 WELLS AVE
WINTER SPRINGS, FL 32708

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TD
ZEK, JACERTIAN
2706 WELLS AVE
WINTER SPRINGS, FL 32708

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SD
YORK, RONALD T
2706 WELLS AVE
WINTER SPRINGS, FL 32708

☐ Delete

TITLE
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CITY-ST-ZIP

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

PD
WESTERN, MIKE
2706 WELLS AVE.
FERN PARK, FL 32730

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TD
ROBERT THORNTON
2706 WELLS AVE.
FERN PARK, FL 32730

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP

☐ Change ☐ Addition

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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #