

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 766939 (3)

1. Corporation Name

LEON COUNTY VETERANS OF FOREIGN WARS OF THE UNITED STATES POST 3308 INC.

Principal Place of Business

2765 1/2 W. TENN. ST.  
PO BOX 3902  
TALLAHASSEE FL 32315

Mailing Address

2765 1/2 W. TENN. ST.  
PO BOX 3902  
TALLAHASSEE FL 32315



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21		26		02/11/1983		01/27/1995	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number		Applied For	
22		27		59-6138286		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Country		7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		<input type="checkbox"/> Yes <input type="checkbox"/> No	
24		25		29		30	

9. Name and Address of Current Registered Agent

POSTON, THOMAS B.  
1109 BRAFFORTON DR.  
TALLAHASSEE FL 32311

10. Name and Address of New Registered Agent

81 Name	EDWARD J. KAMINSKI
82 Street Address (P.O. Box Number is Not Acceptable)	3057 LAREDO DRIVE
83	*
84 City	TALLAHASSEE FL
85 Zip Code	32303

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 *Edward J. Kaminski* EDWARD J. KAMINSKI 3/6/96  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	CD	<input type="checkbox"/> DELETE	1.1 TITLE	CD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MAGEE, JAMES		1.2 NAME	EDWARD J. KAMINSKI			
STREET ADDRESS	3141 S. FULMER CIRCLE		1.3 STREET ADDRESS	3057 LAREDO DR.			
CITY-ST-ZIP	TALLAHASSEE FL		1.4 CITY-ST-ZIP	TALLAHASSEE, FL. 32303			
TITLE	VCD	<input type="checkbox"/> DELETE	2.1 TITLE	VCD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	FILGO, RICHARD C.		2.2 NAME	LEON J. ROY IV			
STREET ADDRESS	6810-A APALACHEE PKY		2.3 STREET ADDRESS	4125 HENRIARD DR			
CITY-ST-ZIP	TALLAHASSEE FL		2.4 CITY-ST-ZIP	TALLAHASSEE, 32303			
TITLE	D	<input type="checkbox"/> DELETE	3.1 TITLE	D.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	GOBER, KENNETH		3.2 NAME	LAURENCE R. NADSELL			
STREET ADDRESS	1154 STARR CIR.		3.3 STREET ADDRESS	3989 WOODVILLE HIGHWAY			
CITY-ST-ZIP	TALLAHASSEE FL		3.4 CITY-ST-ZIP	TALLAHASSEE, FL. 32311			
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			4.2 NAME				
STREET ADDRESS			4.3 STREET ADDRESS				
CITY-ST-ZIP			4.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS				
CITY-ST-ZIP			5.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
CITY-ST-ZIP			6.4 CITY-ST-ZIP				

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Edward J. Kaminski* 2/24/96 904-562-6656  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Date Daytime Phone #