

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **768752** (8)

1. Corporation Name

NEWNANSVILLE POST NUMBER 9229 VETERANS OF FOREIGN WARS OF THE UNITED STATES, INC.



Principal Place of Business

Mailing Address

P.O. BOX 310
MAIN STREET
ALACHUA FL 32615

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MAIN STREET
ALACHUA FL 32615

3. Date Incorporated or Qualified 06/03/1983	3a. Date of Last Report 02/15/1995
4. FEI Number 59-1905615	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Country	30. Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ROSE, BOBBY D.
130 SE 5TH AVE

ALACHUA FL 32615

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. City	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 types or printed name of registered agent and officer or director

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS	
TITLE	TC	1.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	SANDS, WILLIAM H., SR.	1.2 NAME	
STREET ADDRESS	178 NW 178TH PL	1.3 STREET ADDRESS	
CITY-STATE-ZIP	ALACHUA FL 32615	1.4 CITY-STATE-ZIP	
TITLE	TD	2.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	CHIEFFI, ANGELO J.	2.2 NAME	
STREET ADDRESS	RR 1 BOX 373	2.3 STREET ADDRESS	
CITY-STATE-ZIP	ALACHUA FL	2.4 CITY-STATE-ZIP	
TITLE	T	3.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	ROSE, BOBBY D.	3.2 NAME	
STREET ADDRESS	130 S.E. 5TH AVENUE	3.3 STREET ADDRESS	
CITY-STATE-ZIP	ALACHUA FL	3.4 CITY-STATE-ZIP	
TITLE		4.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-STATE-ZIP		4.4 CITY-STATE-ZIP	
TITLE		5.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-STATE-ZIP		5.4 CITY-STATE-ZIP	
TITLE		6.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-STATE-ZIP		6.4 CITY-STATE-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: **ANGELO J. CHIEFFI** *Angelo J. Chieffi* 10/21/95 462 3195
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)