## FILE NOW: FILING FEE IS \$61.25

**NONPROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name

1996

771308

(4)

JOHN C. GAINOUS POST NO. 10069 VETERANS OF FOREIGN WARS OF THE UNITED STATES, INC.

GN WARS OF THE UNITED STATES, INC.												
Principal Place of Business				Mailing Address								
111 5TH STREET (HIGHLAND VIEW) PO BOX 527 PORT ST. JOE FL 32456				111 5TH STREET (HIGHLAND VIEW) PO BOX 527 PORT ST. JOE FL 32456								
10.11 01. 002 12 de 100				1011 51. 50E 1E 32450					3. Date Incorporated or Qualified 3a. Date of Last Report 11/17/1983 06/05/1995			
2. Principal Place of Business				2a, Mailing Address					4. FEI Number			Applied For
21 1774 Trout Ave.			2	26 P.O. Box 527					59-1863143			Not Applicable
Suite, Apt. #, etc.  22 (Highland View)			2	Suite, Apt. #, etc.					5. Certificate of Status Des	ired	,	5 Additional Required
City & State  23 Port St Joe, F1			2	City & State  28 Port St Joe, FL				Election Campaign Finar     Trust Fund Contribution	ncing		00 May Be	
Zip				Zip Country			······································		Trust Fund Contribution Added to Fees  8. This corporation has liability for intangible tax under s. 199.032,			
24 3245	56 25 GULF		2:	¬ '		O GULI	· '		Florida Statutes Yes No			
g. Name and Address of Current								10. Name and Address of New Registered Agent				
_						81	Name					
SCHLICKMAN, WILLIAM R.						82 Street Addres			s (P.O. Box Number is Not Ac		<del></del>	
509 THIRD STREET								Addres	S (P.O. BOX NUMBER IS NOT AC	:cepiaole)		***************************************
PORT S	T. JOE FL 3	32456				83						
	<del>-</del>	<del></del>				84	1 "					ip Code
11. Pursuant t or register familiar wit	to the provision red agent, or the th, and accep	ins of Sections both, in the Sta it the obligation	617,0502 and te of Florida, Su s of, Section 61	617.1508, Florida uch change was a 17.0503, Florida S	a Statutes, authorized Statutes.	the above by the con	named of cooration's	orporati board	on submits this statement for directors. I hereby accept t	the purpos he appointr	e of changing its ment as registered	registered office d agent. I am
SIGNATURE _	HARRY 1		OMD	•					/, /L/		22, 1996 DATE	
12. OFFICERS AN				ID DIRECTORS					ADDITIONS/CHANGES			ORS IN 12
TITLE	CD			<b>⊠</b> DELE	ÉTE	1.1 TITLE		CD			Change	☐ Addition
NAME	COODY,	GEORGE S				1.2 NAME		ARE	ENDT, WILFRED L			
STREET ADDRESS	224 6TH					1.3 STREE	T ADDRESS	•	-			
CITY-ST-ZIP		, JOE FL	·-··	<b>—————————————————————————————————————</b>		1.4 CITY -	ST-ZIP	POF	4 Cypress St. RT ST. JOE, FL	3245		
TITLE	SVD			<b>™</b> DELE	ETE	2 1 TITLE		SVI	) .		X Change	Addition
NAME	DORT, DONALD G			2.2 N				SEE	SEEFELDT, RICHARD S.			
STREET ADDRESS	11111 BO 1 C DOX 10091 14/A					23STREET			BOX 13609			
CITY-ST-ZIP		BEACH FL			- 10	2 4 CITY-	ST-ZIP		CICO BEACH, FL. 3	32410		
TITLE	QMD			DELE	EIE	3 1 TITLE		GMD			Change	☐ Addition
NAME	PAUL, H					3.2 NAME			L, HARRY L			
STREET ADORESS	HC 1, BC						T ADDRESS	1	S. SEMINOLE ST			
CITY-ST-ZIP TITLE	PT ST JO	<u>)E FL</u>	<del></del>	DELE	TE	3.4. CITY-	ST-ZIP	Por	t St Joe, Fl 3	2456		F-17"-:
NAME				Flore	212	4.1 TITLE					☐ Change	☐ Addition
						4. 2 NAME						
STREET ADDRESS							TADDRESS					
CITY-ST-ZIP TITLE			<del></del>	DELE	TC	4.4 CITY-	ST-ZIP	<del> </del>				
NAME					. 1 %.	5 1 TITLE					☐ Change	Addition Addition
STREET ADORESS						5 2 NAME	T ADDRESS	1				
CITY-ST-ZIP							T ADDRESS	}				
TITLE	<del></del>			DELE	TF	54 CITY - 61 TITLE	51-ZIP	<del> </del>			Change	Addition
NAME					-112						L_J change	☐ Addition
STREET ADDRESS						62 NAME	T ADDRESS					
CITY-ST-ZIP							T ADDRESS					ļ
14 I do borobi	v cortify that t	he information	eupplied with th	bio filippia in columb	il . Z	64 CITY -	51 - ZIP	1				

I oo nereby 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: \_

HARRY L PAUL, QMD

SIGNATURE AND TYPED OR PRINTED NAME OF SHOKING OFFICER OR DIRECTOR

April 22, 1996

Date

Daytime Phone #