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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # NO1781

1. Corporation Name

(6)

LEISUREVILLE POST NO. 10150 VETERANS OF FOREIGN

WARS OF THE UNITED STATES, INC.								
Principal Place of Business Mailing Address						INDI #301 0101 0164 EIDI	JE 1000 1000 1000	
P O BOX 833 BOYNTON BE	3 FACH FL 33425-0833	P O BOX 833 BOYNTON BEACH FL :	33425-0833					
					3. Date Incorporated or Qualified 03/05/1984	3a. Date of Las 03/30/1	t Report <b>1995</b>	
	lace of Business	2a. Mailing Address	a. Mailing Address		4. FEI Number	Applied For		
Suite, Apt. #, etc.		Suito Ant A sta		59-1602695		Not Applicable		
22	# <sub>1</sub> etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired		5 Additional Required		
City & State		City & State		6. Election Campaign Financing	\$5.0	00 May Be		
23		28		Trust Fund Contribution Added to Fees				
Zip) 24	Country Zip		Country		8. This corporation has liability for intangible tax under s. 199.032,			
24	9. Name and Address of Curre	nt Registered Agent	30	<u> </u>	Florida Statutes L  10. Name and Address of New R	Yes X No		
				81 Name	TO. Name and Address of New A	Sustered Adelit		
DEMIK, V	WILLIAM J			82 Street A	ddress (P.O. Box Number is Not Acceptable	0)		
500 SW 20TH ST				oz alleet A	indiress (* .O. Box Normber is Not Acceptable	θ)		
BOYNTON BCH FL 33426				83				
				84 City		85 Z	ip Code	
11 Purcuant	to the provisions of Sections 617 050	0 and 617 1500. Florida Ctat J						
or register	ed adent, or both, in the State of Flor	ida. Şuch change was authoriz	tes, the abc zed by the d	ove-named cor corporation's b	poration submits this statement for the purp locard of directors. I hereby accept the appo	oose of changing its intrhent as registere	registered office d agent. I am	
	the arty accept the obligations or, Sec	10 417.0505 Morida Statutes	S.			1/ rolas		
SIGNATURE	Signature typed or printed name of registered age	it appriite it applicable VNC	OTE: Registered	Agent signature rec	quired when reinstating)	1 DATE / 16	<u> </u>	
12.		ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFE	CERS AND DIRECTO	ORS IN 12	
TITLE	PD Coryer, Bernard	DELETE	1.1 70			Change	Addition	
NAME STREET ADDRESS	1813 SW CONGRESS BLVD		1.2 N					
CiTY-ST-ZIP	BOYTON BCH FL			REET ADDRESS				
TITLE	TO	DELETE	2 1 TI	TY-ST-ZIP TLE		Change	Addition	
NAME	ENEY, RAYMOND		2 2 N/					
STREET ADDRESS	1102 SIESTA AVENUE		235	REET ADDRESS				
CITY-ST-ZIP	BOYNTON BEACH FL		2.40	ITY-ST-ZIP				
TITLE	VD Zimmermann, robert	DELETE		TLE		☐ Change	Addition	
NAME STREET ADDRESS	811 SW 18TH CT		32 N/					
CITY-ST-ZIP	BOYNTON BCH FL			REET ADDRESS				
TITLE	SD	<b>∑</b> DELETE	4 1 Tr		SECRETARY	- Change	Addition	
NAME	BYFORD, CHARLES W		4. 2 N	AME	PETER TAORMINA	_ 、		
STREET ADDRESS	543 SE 28TH CR		4 3 51	REET ADDRESS	1011 S.W. 16TH ST	REET		
CITY - ST - ZIP	BOYNTON BCH FL	Floress		TY-ST-ZIP	BOYNTON BEACH, FL	33426		
TITLE		DELETE	5 1 Ti			☐ Change	☐ Addition	
NAME STREET ADDRESS			5 2 NA					
CiTY-ST-ZiP				REET ADDRESS TY-ST-ZIP				
TATLE		DELETE	5 4 CI			Change	Addition	
NAME			62 NA	AME			_ '	
STREET ADDRESS			63ST	REET ADDRESS				
CITY - ST - ZIP	A/5 Al1 Al			TY-ST-ZIP				
certity inat	i the information indicated on this ago	uai renod or subblemental and	HIAI KANNOT H	a taub and acci	fy for the exemption stated in Section 119.0 urate and that my signature shall have the s this report as required by Chapter 617, Fio	sama lagal affaat oo i	if mode under	

SIGNATURE:

SIGNATURE AND TYPE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JANUARY 22, 1996

Date

(407) 734-6430

Daytime Phone #