

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 # N14872 (8)

1. Corporation Name

**FORT PIERCE WESTSIDE POST NO. 8058 VETERANS OF F
OREIGN WARS OF THE UNITED STATES, INC.**



Principal Place of Business

Mailing Address

**%PETER CAMACHO
3475 DOUGLAS RD
FORT PIERCE FL 34951
US**

**%PETER CAMACHO
PO BOX 1765
FORT PIERCE FL 34954
US**

3. Date Incorporated or Qualified
05/12/1986

3a. Date of Last Report
03/13/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

4. FEI Number

59-2311743

Applied For
Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐ **\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CAMACHO, PETER
13501 OKEECHOBEE ROAD
FORT PIERCE FL 34945**

81 Name

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

83

84 City

FL

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **DP**
STREET ADDRESS **OWEN, JOHN R**
CITY-ST-ZIP **200 SW ALLAPHATTA BX 25**
INDIAN TOWN GL

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME **DP**
1.3 STREET ADDRESS **Richard Schwartz**
1.4 CITY-ST-ZIP **207 E Arbor Ave.**
Ft. Pierce, Fla. 34952

TITLE ☐ DELETE
NAME **VP**
STREET ADDRESS **WHITE, FRED O**
CITY-ST-ZIP **5802 WINTER GARDEN PKWY**
FT PIERCE FL

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME **VP**
2.3 STREET ADDRESS **Harry A. Dill**
2.4 CITY-ST-ZIP **3 Octavio Ft. Pierce, Fla. 34950**

TITLE ☐ DELETE
NAME **T**
STREET ADDRESS **CAMACHO, PETER**
CITY-ST-ZIP **13501 OKEECHOBEE ROAD**
FORT PIERCE FL

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **KOTSCHI, ROBERT**
CITY-ST-ZIP **K-6 PLANTATION BLVD**
FT. PIERCE FL

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **HANNER, LEONARD H.**
CITY-ST-ZIP **5400 BIRCH DR.**
FT PIERCE FL

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **S**
STREET ADDRESS **SCHWARTZ, RICHARD**
CITY-ST-ZIP **207 E ARBOR AVENUE**
PORT ST. LUCIE FL

6.1 TITLE ☒ Change ☐ Addition
6.2 NAME **S**
6.3 STREET ADDRESS **Henry G Diehl**
6.4 CITY-ST-ZIP **75 Calle Delagos**
Ft. Pierce, Fla. 34951

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:

Peter Camacho **PETER CAMACHO 3-1-96 407-464-1830**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)