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CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 18 AM 9:10

DOCUMENT # N15485 (8)

1. Corporation Name

PUNTA GORDA POST NO. 10192 VETERANS OF FOREIGN W ARS OF THE UNITED STATES, INC.

Principal Place of Business	Mailing Address
413 W GRACE ST. P O BOX 0968 PUNTA GORDA FL 33950	413 W GRACE ST. P O BOX 0968 PUNTA GORDA FL 33950

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/19/1986
3a. Date of Last Report: 01/24/1994
4. FEI Number: 59-1868634 ☐ Applied For ☐ Not Applicable

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

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

ROONEY, J. MICHAEL
306 EAST OLYMPIA AVENUE
PUNTA GORDA FL 33950

10. Name and Address of New Registered Agent

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	PD	☒ Change ☐ Addition
NAME	EDGINGTON, EUGENE	12 NAME	RUPSIS, JOSEPH	
STREET ADDRESS	1506 TRUVAL TERRACE	13 STREET ADDRESS	150 W. RETTE ESPLANADE #336	
CITY-ST-ZIP	PORT CHARLOTTE FL	14 CITY-ST-ZIP	PUNTA GORDA,FL 33950	
TITLE	VD	21 TITLE	VD	☒ Change ☐ Addition
NAME	RUPSIS, JOSEPH	22 NAME	HARVEY, KENNETH	
STREET ADDRESS	150 W. RETTA ESPLANADE #336	23 STREET ADDRESS	5437 RIVERSIDE DR.	
CITY-ST-ZIP	PUNTA GORDA FL	24 CITY-ST-ZIP	PUNTA GORDA,FL. 33982	
TITLE	SD	31 TITLE		☐ Change ☐ Addition
NAME	RUPSIS, REBA	32 NAME		
STREET ADDRESS	150 W. RETTA ESPLANADE #336	33 STREET ADDRESS		
CITY-ST-ZIP	PUNTA GORDA FL	34 CITY-ST-ZIP		
TITLE	TD	41 TITLE		☐ Change ☐ Addition
NAME	ROLL, DONALD	42 NAME		
STREET ADDRESS	413 W. GRACE STREET	43 STREET ADDRESS		
CITY-ST-ZIP	PUNTA GORDA FL	44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 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)(i), 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: Donald F. Roll Donald F. Roll 1-13-95 Vice Cmdr
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Capacity/Title

0061101