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FILED

Jan 16 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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 33950413 W GRACE ST.
P O BOX 0968
PUNTA GORDA FL 33950-5459

3. Date Incorporated or Qualified

06/19/1986

3a. Date of Last Report

03/14/1996

4. FEI Number

59-1868634

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☐

Yes

☐

No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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	VD	<input checked="" type="checkbox"/> DELETE
NAME	HARVEY, KENNETH	
STREET ADDRESS	5437 RIVERSIDE DR	
CITY-ST-ZIP	PUNTA GORDA FL	

1.1 TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	REBA RUPSIS	
1.3 STREET ADDRESS	150 W. RETTA ESPLANADA #336	
1.4 CITY-ST-ZIP	PUNTA GORDA, FL. 33950	

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	BROTHERS, FRANCIS	
STREET ADDRESS	27125 BEACH CRAFT DR	
CITY-ST-ZIP	PUNTA GORDA FL 33982	

2.1 TITLE	SD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	JOSEPH RUPSIS	
2.3 STREET ADDRESS	150 W. RETTA ESPLANADA #336	
2.4 CITY-ST-ZIP	PUNTA GORDA, FL. 33950	

TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	RUPSIS, REBA	
STREET ADDRESS	150 W. RETTA ESPLANADA #336	
CITY-ST-ZIP	PUNTA GORDA FL	

3.1 TITLE	VD.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	GERALD GOODENOW	
3.3 STREET ADDRESS	2310 TAMiami TR. #37	
3.4 CITY-ST-ZIP	PUNTA GORDA, FL. 33950	

TITLE	TD	<input type="checkbox"/> DELETE
NAME	ROLL, DONALD	
STREET ADDRESS	413 W. GRACE STREET	
CITY-ST-ZIP	PUNTA GORDA FL	

4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing 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 TREASURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1-6-97

Daytime Phone # 0067553

CR2E037 (9/96)