

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 14 AM 9:38

DOCUMENT # **N19847 (5)**

1. Corporation Name

**MERRITT ISLAND POST 5440 VETERANS OF FOREIGN WAR
S OF THE UNITED STATES, INC.**

Principal Place of Business

Mailing Address

BOX 540672
MERRITT ISLAND FL 32954-7672

BOX 540672
MERRITT ISLAND FL 32954-7672

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/26/1987

3a. Date of Last Report

06/06/1994

4. FBI Number

59-2281598

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

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. 189.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SLAVEN, CHAS E. JR.
315 NORWOOD AVE.
MERRITT ISLAND FL 32953-4764

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

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

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD
NAME	HAYNES, JOHN L
STREET ADDRESS	568 W. MERRITT ISLAND CSWY
CITY - ST - ZIP	MERRITT ISLAND FL
TITLE	VD
NAME	KERFOOT, CHARLES G
STREET ADDRESS	1010 LORING DR., APT. B
CITY - ST - ZIP	MERRITT ISLAND FL
TITLE	TD
NAME	SLAVEN, CHARLES
STREET ADDRESS	315 NORWOOD ST
CITY - ST - ZIP	MERRITT ISLAND FL
TITLE	SD
NAME	FITZGERALD, DENNIS
STREET ADDRESS	568 W. MERRITT ISLAND CAUSEWAY
CITY - ST - ZIP	MERRITT ISLAND FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	☒ Change ☐ Addition
4.2 NAME	SD
4.3 STREET ADDRESS	SCHNEIDER, NICHOLAS
4.4 CITY - ST - ZIP	240 BYRE AVE MERRITT ISLAND FL 32953
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	☐ Change ☐ 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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CHAS E. SLAVEN JR

March 5, 1995 (407) 452-7992
Date Time