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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # N19847

1. Corporation Name

(5)

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

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Mailing Address

FILED May 29 1997 8:00am Secretary of State



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					3. Date incorporated or Qualified 03/26/1987	3a. Date of Last 05/01/19	Report 996	
2. Principal Place of Business 2a.		2a. Mailing Address	Mailing Address		4. FEI Number	A I	Applied For	
21 381 ((ibiscus Avenue	26			59-2281598	 	lot Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc. 22				5. Certificate of Status Desired		Additional Required		
City & State		6. Election Campaign Financing	\$5.00	May Be				
	tt Island, FL	28			Trust Fund Contribution			
Ζφ 24 32953	Country 25 Brevard	Zip Country			8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes XXNo			
	9. Name and Address of Current				10. Name and Address of New Registered Agent			
SLAVEN, CHAS E. JR. SLAVEN, CHAS E. JR. 315 NORWOOD AVE. MERRITT ISLAND FL 32953-4764 81 Name FITZGERALD, Dennis P. Street Address (P.O. Box Number is Not Acceptable) 515 Banan Blvd 83 84 City Merritt Island FL 85 Zip Code 32952								
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, yet of printed name of registered agent and take if applicable INDIE: Registered Agent signature required when reinstalled.								
12.	Signature by Self or printed name of registered agent OFFICERS AND		E: Registered Age	ent signature requ	ADDITIONS/CHANGES TO OFFIC		100 IN 10	
TOTLE	TD OFFICERS AND	DINECTORS	1.1 TITLE	70.75 C	PDTZGMUMIO. LONG. IN			
NAME	EMERSON, RALPH P	XX	1.2 NAME				1000000	
STREET ADDRESS	3067 SEA GATE CIRCLE				FITZGERALD, DENNIS	. F.	[8	
CITY-ST-ZIP	MERRITT ISLAND FL		1.4 CITY-5		515 BANANA BLVD	22052		
TITLE	PD	XXOELETE	2.1 TITLE		MERRITT ISLAND, FI T/S/D	32952 ☐ Change	Addition C	
NAME	KERFOOT, CHARLES G		2.2 NAME		YUKUS, GEORGE M.			
STREET ADDRESS	1010 LORING DR., APT. B		2.3 STREET		1608 GABLE CT			
CITY-ST-ZIP	METTITT ISLAND FL		2.4 CITY-		MERRITT ISLAND. F	BALAN T		
TITLE	10	DELETE	3.1 TITLE		D ERRITT ISLAND, F	Change	Addition	
NAME	SLAVEN, CHARLES	π	3.2 NAME		HARDDICK, MICHAEL	.T _	^	
STREET ADDRESS	315 NORWOOD ST		3.3 STREET		300 N. COURTENAY F			
CITY-ST-ZIP	MERRITT ISLAND FL		3.4. CITY -	1		T. 32953		
TITLE	\$D	★ DELETE	4.1 TITLE		D	☐ Change	Addition	
NAME	SCHNEIDER, NICHOLAS	, ,	4. 2 NAME		ROBINSON, WESLEY G	1_	"-	
STREET ADDRESS	241 EYRE AVENUE		4.3 STREET		276 LURA LANE	•		
City-ST-ZIP	MERRITT ISLAND FL		4.4 CITY-1			1 32953		
BITLE		DELETE	5.1 TITLE			☐ Change	Addition	
NAME			5.2 NAME	j				
STREET ADDRESS			5.3 STREE	ADDRESS	•			
CITY - ST - ZIP			5.4 CITY-	· ·				
TITLE		DELETE	6.1 TITLE			Change	Addition	
NAME			6.2 NAME	1		•		
STREET ADDRESS			6.3 STREE	T ADDRESS			ļ	
CITY - ST - ZIP			6.4 CITY - 5					

4. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Fiorida 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 chapter or or on an attachment with an address.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF BIONING OFFICER OR DIRECTOR

enffur 4-2-

7-2-97 Daytime Phone # 0020184