

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 21 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Northcutt
Secretary of State
DIVISION OF CORPORATIONSDOCUMENT # **N24445** (1)

1. Corporation Name

**FAIRWAYS POST NO. 5046 VETERANS OF FOREIGN WARS
OF THE UNITED STATES, INC.**

Principal Place of Business

Mailing Address

**VETERANS OF FOREIGN WARS POST 5046
2149 PEBBLE BEACH BLVD
ORLANDO FL 32826
US****VETERANS OF FOREIGN WARS POST 5046
2149 PEBBLE BEACH BLVD
ORLANDO FL 32826-5252
US**3. Date Incorporated or Qualified
01/21/19883a. Date of Last Report
01/29/1996

2. Principal Place of Business

2a. Mailing Address

"SAME AS ABOVE"**"SAME AS ABOVE"**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2854556

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

**KUCHARSKI, TED
1733 INVERARY DRIVE
ORLANDO FL 32826**

81 Name

JOHN YAKUBOWSKI

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

14115 LINDRICK CT.

83

ORLANDO**FL**

84 City

ORLANDO**FL**

85

**Zip Code
32826**

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 **JOHN YAKUBOWSKI/CMDR.**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/6/97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input type="checkbox"/> DELETE
NAME	ORR, JOHN	
STREET ADDRESS	14326 WING FOOT RD.	JR. VICE
CITY-ST-ZIP	ORLANDO FL	COMMANDER "D"

TITLE	D	<input type="checkbox"/> DELETE
NAME	KELSO, DONALD	
STREET ADDRESS	2167 CONGRESSIONAL DR.	ADJUTANT
CITY-ST-ZIP	ORLANDO FL 32826	"D"

TITLE	D	<input type="checkbox"/> DELETE
NAME	KELLY, THOMAS R.	
STREET ADDRESS	14651 FIRESTONE ST.	QUARTERMASTER
CITY-ST-ZIP	ORLANDO FL 32826	"D"

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	YAKUBOWSKI, JOHN	
STREET ADDRESS	14115 LINDRICK CT	COMMANDER
CITY-ST-ZIP	ORLANDO FL 32826	

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

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

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0017718

CR2E037 (9/96)