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NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **N26527** (4)

1. Corporation Name

**SERGEANTS AMENDOLA/LEHMAN CHAPTER 74, DISABLED A
MERICAN VETERANS, DEPARTMENT OF FLORIDA, INCORPO**



Principal Place of Business

Mailing Address

**171 SW 2ND STREET
POMPANO BEACH FL 33060
US**

**P. O. BOX 5274
POMPANO BEACH FL 33074
US**

3. Date Incorporated or Qualified

05/20/1988

3a. Date of Last Report

02/01/1995

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

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30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PASTORE, ALBERT
267 NE 40TH STREET
POMPANO BCH. FL 33064**

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

TITLE PD
NAME BROW, JOSEPH
STREET ADDRESS 56220 NE 29TH AVENUE
CITY-ST-ZIP LIGHT HOUSE POINT FL ☒ DELETE

TITLE VD
NAME CHARNIZON, ROBERT
STREET ADDRESS 555 OAK LANE
CITY-ST-ZIP POMPANO BEACH FL ☒ DELETE

TITLE D
NAME KACZOROWSKI, PETER
STREET ADDRESS 4250 NE 23RD AVENUE
CITY-ST-ZIP LIGHTHOUSE PT. FL ☐ DELETE

TITLE SD
NAME PASTORE, ALBERT
STREET ADDRESS 267 NE 40TH STREET
CITY-ST-ZIP POMPANO BEACH FL ☒ DELETE

TITLE TD
NAME LECHOT, ROBERT
STREET ADDRESS 2370 NE 15TH TERRACE
CITY-ST-ZIP POMPANO BEACH FL ☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD ☒ Change ☐ Addition
1.2 NAME PASTORE, ALBERT
1.3 STREET ADDRESS 267 NE 40 ST
1.4 CITY-ST-ZIP POMPANO BEACH FL 33064 ☐ Change ☒ Addition

2.1 TITLE VD
2.2 NAME FRED BUSCH
2.3 STREET ADDRESS 155 SE 19 AVE
2.4 CITY-ST-ZIP DEERFIELD BEACH FL 33441 ☐ Change ☒ Addition

3.1 TITLE TD
3.2 NAME LECHOT, ROBERT
3.3 STREET ADDRESS 5810 NE 20 TERR.
3.4 CITY-ST-ZIP FORT LAUDERDALE FL 33308 ☐ Change ☒ Addition

4.1 TITLE SD
4.2 NAME MIKE KORNOTICK
4.3 STREET ADDRESS 6420 FRENCH ANGEL
4.4 CITY-ST-ZIP MARGATE FL 33063 ☐ Change ☒ Addition

5.1 TITLE D
5.2 NAME PETER KACZOROWSKI
5.3 STREET ADDRESS 2225 SW 15th ST #227
5.4 CITY-ST-ZIP DEERFIELD BEACH FL 33442 ☐ Change ☒ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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)(k), 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

Albert Pastore

Jan 17/96

Date

954

305-943-7479

Daytime Phone

CR2E037 (12/95)