

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N27699 (0)

1. Corporation Name

MULBERRY - SO. LAKELAND POST 6925 VETERANS OF FO
REIGN WARS OF THE UNITED STATES, INC.



Principal Place of Business

Mailing Address

POST OFFICE BOX 634
MULBERRY FL 33860

4222 SO. FLA. AVE #C
P.O. BOX 634
MULBERRY FL 33860
US

3. Date Incorporated or Qualified
08/02/1988

3a. Date of Last Report
02/28/1995

2. Principal Place of Business

2a. Mailing Address

21 4204 S. Florida Ave.

26 P.O. Box 634

4. FEI Number

59-2903978

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 I

City & State

City & State

23 Lakeland, FL

28 Mulberry, FL

24 33813

25 Polk

29 33860

30 Polk

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

JACK, RICHARD
170 SABLE LANE
MULBERRY FL 33860

81 Name NIEL T. STEENSGARD

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

83

84 City MULBERRY

FL

85 Zip Code 33860

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

Niel T. Steensgard

1/26/96

Signature, typed or printed name of registered agent and the filing date

(NOTE: Registered Agent Signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92

TITLE VDC
NAME TAYLOR, CLIFTON
STREET ADDRESS 3030 SHADY LANE
CITY-ST-ZIP LAKELAND FL ☒ DELETE

11 TITLE STEENSGARD, NIEL ☒ Change ☒ Addition
12 NAME 20 LAKEVIEW DR.
13 STREET ADDRESS Mulberry, FL 33860
14 CITY-ST-ZIP ☒ Change ☒ Addition

TITLE CD
NAME STEENSGARD, NEIL
STREET ADDRESS 20 LAKEVIEW DR.
CITY-ST-ZIP MULBERRY FL ☒ DELETE

21 TITLE RIDDLE, CLIFFORD R. ☐ Change ☒ Addition
22 NAME YDC
23 STREET ADDRESS 603 NW 1st Ave.
24 CITY-ST-ZIP Mulberry, FL 33860

TITLE VD
NAME MURPHY, ROBERT
STREET ADDRESS 113 EIGHT IRON CIR.
CITY-ST-ZIP MULBERRY FL ☒ DELETE

31 TITLE ODETE, JOSEPH G. ☒ Change ☐ Addition
32 NAME VD ST
33 STREET ADDRESS 56 Three Iron Dr.
34 CITY-ST-ZIP Mulberry, FL 33860

TITLE ST
NAME ODETE, JOSEPH G.
STREET ADDRESS 56 THREE IRON DR.
CITY-ST-ZIP MULBERRY FL ☒ DELETE

41 TITLE CD
42 NAME WILSON, JAMES
43 STREET ADDRESS 4693 TURNER RD.
44 CITY-ST-ZIP MULBERRY, FL 33860 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

61 TITLE
62 NAME
63 STREET ADDRESS
64 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: Niel T. Steensgard
NIEL T. STEENSGARD

1/26/96

813-425-4665
Daytime Phone #

CR2E037 (12/95)