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FILED

Feb 03 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N27699 (0)

1. Corporation Name

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

Principal Place of Business

Mailing Address

45045 FLORIDA AVE  
SUITE 1  
LAKE LAND FL 33813  
USP O BOX 634  
P.O. BOX 634  
MULBERRY FL 33860-0634  
US3. Date Incorporated or Qualified  
08/02/19883a. Date of Last Report  
01/31/1996

2. Principal Place of Business

2a. Mailing Address

21 4304 SO. FLORIDA AVE.

26

4. FEI Number  
59-2903978

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 SUITE I

27

5. Certificate of Status Desired

☒\$8.75 Additional  
Fee Required

City &amp; State

City &amp; State

23 LAKE LAND, FL

28

6. Election Campaign Financing  
Trust Fund Contribution☐\$5.00 May Be  
Added to Fees

Zip

Country

Zip

Country

24 33813

25

POLK

29

30

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

~~STEENSGARD, NIEL T~~  
~~20 LAKEVIEW DR~~  
~~MULBERRY FL 33860~~

81 Name

James H. Wilson

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

4693 Turner Road

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

James H. Wilson

(NOTE: Registered Agent signature required when reinstating)

DATE

1-10-97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE VDC ☒ DELETE

NAME RIDDLE, CLIFFORD R

STREET ADDRESS 603 NW 1ST AVE

CITY-ST-ZIP MULBERRY FL

TITLE VDC ☒ DELETE

NAME ODETE, JOSEPH G

STREET ADDRESS 56 THREE IRON DR

CITY-ST-ZIP MULBERRY FL

TITLE CD ☒ DELETE

NAME WILSON, JAMES

STREET ADDRESS 4693 TURNER RD

CITY-ST-ZIP MULBERRY FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ 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

T. NIEL T. STEENSGARD

20 LAKEVIEW DR.

MULBERRY, FL 33860

T. JOSEPH G. ODETE

56 THREE IRON DR.

MULBERRY, FL 33860

V.D.T. JULIUS C. LEWIS

5401 YARBOROUGH LN

LAKE LAND, FL 33813

T. EDGAR C. WESLING

807 HENNESSEE

LAKE LAND FL 33861

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-02/03/97--01023--051  
\*\*\*70.00

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: James H. Wilson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-10-97

Date

Daytime Phone # 0084076

CR2E037 (9/96)