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Feb 07 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1997**



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

**DOCUMENT # N31593 (9)**

1. Corporation Name

**ALTAMONTE SPRINGS POST NO. 10147 VETERANS OF FOR  
EIGN WARS OF THE UNITED STATES, INC.**

Principal Place of Business

P. O. BOX 912  
6333 MT. PLYMOUTH RD  
APOPKA FL 32704

Mailing Address

P. O. BOX 912  
6333 MT. PLYMOUTH RD  
APOPKA FL 32704-0912



3. Date Incorporated or Qualified  
**04/07/1989**

3a. Date of Last Report  
**03/19/1996**

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

4. FEI Number

**59-2917986**

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

**ECHON, JOHN C.  
1105 MILL RUN CIRCLE  
APOPKA, 32703**

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☐ DELETE  
NAME **VECCHIO, ORTENZIO A.**  
STREET ADDRESS **1530 LEPOARD COURT**  
CITY-ST-ZIP **APOPKA FL**

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE **PD** ☒ DELETE  
NAME **LOSO, MAURICE J.**  
STREET ADDRESS **312 COUNTRY LANDING BLV**  
CITY-ST-ZIP **APOPKA FL**

2.1 TITLE **PD** ☒ Change ☐ Addition  
2.2 NAME **BURT BURNS**  
2.3 STREET ADDRESS **724 Trailwood Dr.**  
2.4 CITY-ST-ZIP **Altamonte Springs FL 32714**

TITLE **S** ☐ DELETE  
NAME **COLLINS, JOHN J.**  
STREET ADDRESS **628 HEATHE BRITE CIRCLE**  
CITY-ST-ZIP **APOPKA FL**

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE **T** ☐ DELETE  
NAME **ECHON, JOHN C.**  
STREET ADDRESS **1105 MILL RUN CIRCLE**  
CITY-ST-ZIP **APOPKA FL**

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE **VD** ☐ DELETE  
NAME **HENRY, CHARLES W.**  
STREET ADDRESS **113 PINE STREET**  
CITY-ST-ZIP **ALTAMONTE SPRINGS FL**

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
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: *John C. Echon* **John C. Echon**

**2-03-97**

**407-889-2790**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone 0012772

CR2E037 (9/96)