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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998

DOCUMENT #

(9)

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

P. O. BOX 512 SSS MT. PLYMOUTH RD APOPKA FL 32704 APOPKA FL 32705 APOPKA	Principal Place of Business Mailing Address						
Section of the provisions of Sections 617,0502 and 617,1506, Florida Statules, to explore the appointment as registered diffice or registered dagent, or both, in the State of Florida, Such of terriges was authorized by the comporation submits this statement for the purpose of changing its registered diffice or registered dagent, or both, in the State of Florida, Such of terriges was authorized by the comporation submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida, Such of terriges was authorized by the comporation of the appointment as registered diffice or registered agent, or both, in the State of Florida, Such of terriges was authorized by the comporation submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida, Such of terriges was authorized by the comporation submits this statement for the purpose of changing its registered difficulties. Part	6333 MT. PLYMOUTH RD		6333 MT. PLYMOUTH RD			04/07/1989	
2. Principal Place of Business 2a. Mailing Address 5. Certificate of Status Desired \$8.75 Additional Page \$20						77,500	
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Zip Country Zip Country Zip Country Service Servic	<u> </u>		<u> </u>				
25 29 30 Personal Property Tax due June 20. Yes No					try		
ECHON, JOHN C. 1105 MILL RUN CIRCLE APOPKA, 32703 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 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, and accept the obligations of, Section 617, 5050, Florida Statutes, SIGNATURE Signatural, bread or prived ratins of registered agent and title if application. (NOTE Registered Agent algorature required when retristing) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ITILE NAME VECCHIO, ORTENZIO A. 13 STREET ADDRESS 14 CITY-ST-2IP TITLE SIREET ADDRESS 1530 LEPOARD COURT 14 CITY-ST-2IP APOPKA FL COLLINS, JOHN J. 628 HEATHE BRITE CIRCLE 22 STREET ADDRESS CITY-ST-2IP APOPKA FL DELETE 11 TITLE CHange Addition Addition ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE CHANGE 23 STREET ADDRESS CITY-ST-2IP APOPKA FL DELETE 31 TITLE CHANGE APOPKA FL CHON, JOHN C. 32 STREET ADDRESS CITY-ST-2IP APOPKA FL CHON, JOHN C. 33 STREET ADDRESS CITY-ST-2IP APOPKA FL APOPKA FL CHANGE APOPKA FL APOPKA	24	25	29	30			
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1105 MILL RUN CIRCLE APOPKA, 32703 84 City FL 85 Zip Code 11. Pursuant to the provisions of Sections 617.0502 and 617.1509, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as 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 in an familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE SIGNA				3	n Name		
APOPKA, 32703 83				82 Street Addre		dress (P.O. Box Number is Not Acceptable)	
## City ## Cit	1			ĮΕ	3		
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 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 and tamilar with, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE DELETE 1.1 TITLE DELETE 1.1 TITLE Change Addition AMME ECHON, JOHN C. 3.2 MANE SIRECT ADDRESS APOPKA FL TITLE TI	AFOFM	4, 32/03		L			
SIGNATURE Signature, typed or printed name of registered agent and tible if applicable. (NOTE Registered Agent signature required when revealating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ITITLE D				8	4 City	FL 85 Zip Code	
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6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

SIGNATURE

STREET ADDRESS

14. I hereby certify that the information supplied with this filling 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.

FILED

Feb 06 1998 8:00am

Secretary of State