

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**APPROVED
AND
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1995 MAY -1 PH 6:04

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # N47935 (4)

1. Corporation Name

**LUTZ - LAND O'LAKES POST 4832 VETERANS OF FOREIGN
WARS OF THE UNITED STATES, INC.**

Principal Place of Business

Mailing Address

**4710 LAND O'LAKES BLVD
STE 8
LAND O'LAKES FL 34639
US**

**P.O. BOX 396
LUTZ FL 33549**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/20/1992

3a. Date of Last Report

04/29/1994

4. FEI Number

59-2885002

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**

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☐

**\$68.75 Supplemental
Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**FISHER, JAMES L
1818 N US HWY 41, LOT 8C
LUTZ FL 33549**

81 Name
Bocock, Gordon L.

82 Street Address (P.O. Box Number is Not Acceptable)
4001 E. Bluff Ave

83

84 City
Tampa, FL

85 Zip Code
33617

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE **Bocock, Gordon L. GM.**
Signature, typed or printed name of registered agent and the if applicable

Gordon L. Bocock
(NOTE: Registered Agent signature required when transferring)

4/20/95
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **DPC**
NAME **FISHER, JAMES L.**
STREET ADDRESS **1818 N US HWY 41 #9C**
CITY-ST-ZIP **LUTZ FL**

1.1 TITLE **DPC Quartermaster** ☒ Change ☐ Addition
1.2 NAME **Bocock, Gordon L.**
1.3 STREET ADDRESS **4001 E. Bluff Ave**
1.4 CITY-ST-ZIP **Tampa, Florida 33617**

TITLE **SDV**
NAME **PARSLEY, RAYMOND C**
STREET ADDRESS **1901 N MOBILE VILLA DR**
CITY-ST-ZIP **LUTZ FL**

2.1 TITLE **SN** ☒ Change ☐ Addition
2.2 NAME **Paac, Thomas W.**
2.3 STREET ADDRESS **17625 Grove View Drive**
2.4 CITY-ST-ZIP **Lutz, Florida 33549**

TITLE **DJV**
NAME **PACE, THOMAS W.**
STREET ADDRESS **17625 GROVE VIEW DRIVE**
CITY-ST-ZIP **LUTZ FL 33549**

3.1 TITLE **DJV** ☒ Change ☐ Addition
3.2 NAME **Sr. Vice Commander**
3.3 STREET ADDRESS **Ordway, Alvin L. Jr.**
3.4 CITY-ST-ZIP **15847 Northside Circle, Lutz, Florida 33549**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS **500001475015**
4.4 CITY-ST-ZIP **-05/04/95--01012--020**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
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 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: **Gordon L. Bocock, Gordon L. Bocock**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/95
DATE

System 11/95

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