

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 13 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N49413** (0)

1. Corporation Name

**PAUL J. YOHMAN MEMORIAL VFW POST 7115, INC.**



Principal Place of Business <b>6561 SUNSET STRIP SUNRISE FL 33313</b>	Mailing Address <b>6561 SUNSET STRIP SUNRISE FL 33313</b>	3. Date Incorporated or Qualified <b>06/17/1992</b>
		4. FEI Number <b>59-6209824</b>
		Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

2. Principal Place of Business <b>21</b> Suite, Apt. #, etc. <b>22</b> City & State <b>23</b> Zip <b>24</b> Country	2a. Mailing Address <b>26</b> Suite, Apt. #, etc. <b>27</b> City & State <b>28</b> Zip <b>29</b> Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> 7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**DEMBICKI, HARRY  
6561 SUNSET STRIP  
SUNRISE FL 33313**

<b>81</b> Name	
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)	
<b>83</b>	
<b>84</b> City	<b>85</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	<b>D</b>	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>KUEBLER, JOSEPH W</b>		1.2 NAME		
STREET ADDRESS	<b>6561 SUNSET STRIP</b>		1.3 STREET ADDRESS		
CITY - ST - ZIP	<b>SUNRISE FL</b>		1.4 CITY - ST - ZIP		
TITLE	<b>D</b>	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>SHARP, RONALD</b>		2.2 NAME		
STREET ADDRESS	<b>6561 SUNSET STRIP</b>		2.3 STREET ADDRESS		
CITY - ST - ZIP	<b>SUNRISE FL</b>		2.4 CITY - ST - ZIP		
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>WUNDER, ANDREW</b>		3.2 NAME		
STREET ADDRESS	<b>6561 SUNSET STRIP</b>		3.3 STREET ADDRESS	<b>JOHN ANDERSON</b>	
CITY - ST - ZIP	<b>SUNRISE FL</b>		3.4 CITY - ST - ZIP	<b>1793 N.W. 60TH AVE</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>DEMBICKI, HARRY</b>		4.2 NAME		
STREET ADDRESS	<b>6561 SUNSET STRIP</b>		4.3 STREET ADDRESS	<b>SUNRISE, FL, 33313</b>	
CITY - ST - ZIP	<b>SUNRISE FL</b>		4.4 CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY - ST - ZIP			5.4 CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY - ST - ZIP			6.4 CITY - ST - ZIP		

14. I 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: **HARRY DEMBICKI** **HARRY DEMBICKI** 2-4-98 954-742-9007

CP2E037 (10/97)