

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N50359

(1)

1. Corporation Name

VARGA - VILET AMVETS POST 793, INC.



Principal Place of Business

P.O. BOX 1654
LAKE PANASOFFKEE FL 33538

Mailing Address

P.O. BOX 1654
LAKE PANASOFFKEE FL 33538

3. Date Incorporated or Qualified
08/14/1992

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-3068339

Applied For

Not Applicable

22

27

5. Certificate of Status Desired

XX

\$8.75 Additional
Fee Required

23

28

6. Election Campaign Financing
Trust Fund Contribution

□

\$5.00 May Be
Added to Fees

24

25

Country

29

30

Country

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

PLYMESSER, JOHN H
4471 SW 129TH BLVD
BUSHNELL FL 33513

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 reissuing)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME PLYMESSER, JOHN H
STREET ADDRESS 4471 SW 129TH BLVD - PO BOX 1266
CITY-ST-ZIP BUSHNELL FL

TITLE V ☐ DELETE

NAME VILET, EVELYN
STREET ADDRESS 9 WILDERNESS DR
CITY-ST-ZIP LAKE PANASOFFKEE FL

TITLE VD ☒ DELETE

NAME STUMBORG, MAX
STREET ADDRESS 5156 E C462
CITY-ST-ZIP WILDWOOD FL 34785

TITLE SD ☐ DELETE

NAME HARVEY, BERNADINE R
STREET ADDRESS 930 CR 457A - PO BOX 984
CITY-ST-ZIP LAKE PANASOFFKEE FL

TITLE TD ☒ DELETE

NAME MOOREHEAD, WILLIAM F
STREET ADDRESS 15375 SE 156TH PLACE ROAD
CITY-ST-ZIP WEIRSDALE FL 32195

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

33513

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

33538

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

VD
RAY CLOYNE
3488 JODI WEST DRIVE
DADE CITY, FL. 33525

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

33538

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

TD
SCOTT, M. J.
1394 SW 83rd. P1.
BUSHNELL, FL. 33513

6.1 TITLE ☐ Change ☐ Addition

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:

John H. Plymesser
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 2, 1996 352-793-1110
DATE DAYTIME PHONE

CR2E037 (12/95)