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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

1996

DIVISION OF CORPORATIONS

DOCUMENT #	N9200000098	(5)
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RAYMOND E. DARLING VFW POST 6023, INC.

Principal Place of Business Mailing Address

P.O. BOX 1320, MORGAN ROAD
INDIANTOWN FL 34956

Principal Place of Business Mailing Address

P.O. BOX 1320, MORGAN ROAD
INDIANTOWN FL 34956



Suite, Apt. #, etc.    Suite, Apt. #, etc.	Report 995		
Suite, Apt. #, etc. 22   Suite, Apt. #, etc. 23   City & State   C	Applied For		
Suite, Apt. 4, etc.    Suite, Apt. 4, etc.   27	Not Applicable		
City & State	Additional		
Zip	Required		
Zip Country Zip Country Zip Country Zip Country B. This corporation has liability for intangible tax under x Florida Statutes   Yes   No    WITTENMYER, ERNEST 15935 SW OSCEOLA ST. INDIANTOWN FL 34958  WITTENMYER, ERNEST 15935 SW OSCEOLA ST. INDIANTOWN FL 34958  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 or or registered agent, or both, in the State of Provide Stouch change was authorized by the corporation submits this statement for the purpose of changing its or or registered agent, or both, in the State of Provide Stouch change was authorized by the corporation's board of directors. Thereby accept the appointment as registered learning with, and accept the obligations of Joseichn 017,0007, Provide Statutes, the above named corporation submits this statement for the purpose of changing its or or registered agent, or both, in the State of Provide Stouch change was authorized by the corporation's board of directors. Thereby accept the appointment as registered learning with, and accept the obligations of Joseichn 017,0007, Provide Statutes, the above named corporation submits this statement for the purpose of changing its or or registered agent, or both, and accept the obligations of Joseichn 017,0007, Provide Statutes, the above named corporation submits this statement for the purpose of changing its or or registered agent, or both, and corporation submits this statement for the purpose of changing its or registered agent, or both, and corporation submits this statement for the purpose of changing its or registered agent, or both, and corporation submits this statement for the purpose of changing its or registered agent, or both, and corporation submits this statement for the purpose of changing its or purpose or changing its or purpose or changing its or purpose or purpose or changing its or purpose or changing its or purpose or purpose or purpose or changing its or purpose or changing it	May Be		
28   9. Name and Address of Current Registered Agent   10. Name and Address of New Registered Agent   10. Name and N	Trust Fund Contribution Added to Fees		
WITTENMYER, ERNEST 15935 SW OSCEOLA ST. INDIANTOWN FL 34956  80 City  FL 85 ZI  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 or or registered agent, or both, in the State of Florida, Such change was authorized by the composition's board of directors. I hereby accept the appointment as registered familiar with, and accept the obligations of, Section 617,0503, Florida Statutes,  SIGNATURE  SIGNATURE  Signature typed or perted new of registered agent and this Flagiciable.  NOTE Plegistered Agent tignature required effectives. I hereby accept the appointment as registered familiar with, and accept the obligations of, Section 617,0503, Florida Statutes.  SIGNATURE  SIGNATURE  MILLER, RALPH	199.032,		
WITTENMYER, ERNEST 15935 SW OSCEOLA ST. INDIANTOWN FL 34956  30  30  30  30  31  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 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 familiar with, and accept the obligations of, Section 617,0503, Florida Statutes.  SIGNATURE  SIGNATURE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES 10 OFFICERS AND DIRECTORS  14. OFFICERS AND DIRECTORS  15. ADDITIONS/CHANGES 10 OFFICERS AND DIRECTORS  16. Signature, typed or preted agent and title? applicable.  MILLER, RALPH  12. WILLER, RALPH  13. SIREET ADDRESS  10TH-51-2P  ITILE  DS  MCLAUGHLIN, ROY  1424 SW JEFFERSON AVE.  15500 SW PALOMINO ST  INDIANTOWN FL  DELETE  11. TILE  DR  MCLAUGHLIN, ROY  12. STREET ADDRESS  15935 OSCEOLA ST.  INDIANTOWN FL  DELETE  21. TILE  DP  DELETE  11. TILE  DP  DELETE  11. TILE  DR  Change  MCLAUGHLIN, ROY  12. ADDITIONS/CHANGES 10 OFFICERS AND DIRECTORS  1. ADDITI			
WITTENMYER, ERNEST 15935 SW OSCEOLA ST. INDIANTOWN FL 34956  11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes.  11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes.  11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes.  11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes.  12.			
15935 SW OSCEOLA ST. INDIANTOWN FL 34956  83  84			
INDIANTOWN FL 34956    B3	82 Street Address (P.O. Box Number is Not Acceptable)		
### City			
11. Pursuant to the provisions of Sections 617.0502 and 617.0508, Florida Statutes, the above-named corporation submits this statement for the purpose of familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.  SIGNATURE  Signature, hyand a cocept the obligations of, Section 617.0503, Florida Statutes.  SIGNATURE  Signature, hyand a presented name of registered agent and title if applicable.  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  14. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  16. TITLE  DV  MILLER, RALPH  SIRRET ADDRESS  16. SOS W PALOMINO ST  16. SOS WALOMINO ST  17. STATE INDIANTOWN FL  18. CITY-ST-ZIP  ITILE  DR  MCLAUGHLIN, ROY  1424 SW JEFFERSON AVE.  INDIANTOWN FL  2 2 MAME  SIRRET ADDRESS  CITY-ST-ZIP  ITILE  DP  DELETE  3 1 MILE  DP  DELETE  3 2 MAME  SIRRET ADDRESS  CITY-ST-ZIP  ITILE  DP  DELETE  3 3 SIRRET ADDRESS  CITY-ST-ZIP  ITILE  DR  GUERRERO, ARMANDO  3 306 SW DEER RUN AVE  10 DELETE  5 1 TITLE  DELETE  5 1 TITL			
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 of or registered agent, or both, in the State of Florida. Such change was submitted by the corporation's board of directors. I hereby accept the appointment as registered familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.  SIGNATURE  Signature typed or proted name of registered agent and title if applicable.  12. OFFICERS AND DIRECTORS  13. ADDITIONS: CHANGES TO OFFICERS AND DIRECTORS  14. ADDITIONS: CHANGES TO OFFICERS AND DIRECTORS  15. ADDITIONS: CHANGES TO OFFICERS AND DIRECTORS  16. TITLE  DV MILLER, RALPH  15500 SW PALOMINO ST  1.3 STREET ADDRESS  CITY-ST-ZIP  INDIANTOWN FL  14. CITY-ST-ZIP  INDIANTOWN FL  14. CITY-ST-ZIP  TITLE  DP DELETE  1. TITLE  DP DELETE  3. ADDITIONS: CHANGES TO OFFICERS AND DIRECTORS  1.3 STREET ADDRESS  CITY-ST-ZIP  INDIANTOWN FL  1.4 CITY-ST-ZIP  TITLE  DP DELETE  3. ADDITIONS: CHANGES TO OFFICERS AND DIRECTORS  CITY-ST-ZIP  TITLE  DP DELETE  3. TITLE  DP DELETE  3. TITLE  DP DELETE  3. TITLE  DP DELETE  3. TITLE  DRAME  3. ADDITIONS: CHANGES TO OFFICERS AND DIRECTORS  CITY-ST-ZIP  TITLE  DP DELETE  3. TITLE  DP DELETE  3. TITLE  DRAME  3. ADDITIONS: CHANGES TO OFFICERS AND DIRECTORS  CITY-ST-ZIP  TITLE  DP DELETE  3. TITLE  DP DELETE  3. TITLE  DRAME  3. ADDITIONS: CHANGES TO OFFICERS AND DIRECTORS  CITY-ST-ZIP  TITLE  DP DELETE  3. TITLE  DRAME  4. TITLE  DT DRAME  5. TITLE  Change  C	p Code		
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I. 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 13 if changed, or on an attachment with an address.

SIGNATURE

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/10/96 407-597-9948
Dayline Prone 1