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Mar 03 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # N92000000098 (5)

1. Corporation Name

RAYMOND E. DARLING VFW POST 6023, INC.

Principal Place of Business

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

Mailing Address

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



3. Date Incorporated or Qualified  
11/03/1992

3a. Date of Last Report  
03/07/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

4. FEI Number

59-6111356

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

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

WITTENMYER, ERNEST  
15935 SW OSCEOLA ST.  
INDIANTOWN FL 34956

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DV ☒ DELETE  
NAME MILLER, RALPH  
STREET ADDRESS 15500 SW PALOMINO ST  
CITY-ST-ZIP INDIANTOWN FL

TITLE DS ☐ DELETE  
NAME MCLAUGHLIN, ROY  
STREET ADDRESS 1424 SW JEFFERSON AVE.  
CITY-ST-ZIP INDIANTOWN FL

TITLE DP ☐ DELETE  
NAME WITTENMYER, ERNEST  
STREET ADDRESS 15935 OSCEOLA ST.  
CITY-ST-ZIP INDIANTOWN FL

TITLE DT ☒ DELETE  
NAME GUERRERO, ARMANDO  
STREET ADDRESS 3305 SW DEER RUN AVE  
CITY-ST-ZIP INDIANTOWN FL

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DV ☐ Change ☐ Addition  
1.2 NAME JOHN SLEZIA  
1.3 STREET ADDRESS 16396 SW INDIANWOOD CIR  
1.4 CITY-ST-ZIP INDIANTOWN, FL 34956

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE DT ☐ Change ☐ Addition  
4.2 NAME EDWARD J. COURTOIS  
4.3 STREET ADDRESS 14602 SW DIVOT DR  
4.4 CITY-ST-ZIP INDIANTOWN, FL 34956

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

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/1/97 561-597-9948

CR2E037 (9/96)