

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

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 APR 12 PM 12:11

DOCUMENT # N93000001206 (2)

1. Corporation Name

V.F.W. POST 10757, INC.

Principal Place of Business

**42070 US HWY 19
TARPON SPRINGS FL 34689**

Mailing Address

**42070 US HWY 19
TARPON SPRINGS FL 34689**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/05/1993

3a. Date of Last Report

05/01/1994

4. FEI Number

59-3142458

Applied For

Not Applicable

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CONTOMARINOS, NICHOLAS
1141 LORD ST
HOLIDAY FL 34690**

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 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	LAPOLLO, COMMANDER A.
STREET ADDRESS	4032 NEWCASTLE DR.
CITY - ST - ZIP	NEW PORT RICHEY FL
TITLE	D
NAME	CONTOMARINOS, NICHOLAS
STREET ADDRESS	1141 LORD ST.
CITY - ST - ZIP	HOLIDAY FL
TITLE	SVP
NAME	BROWN, RICHARD P.
STREET ADDRESS	4820 BONTON DR.
CITY - ST - ZIP	HOLIDAY FL
TITLE	D
NAME	BURGELBAUGH, EDWIN S.
STREET ADDRESS	3828 PRIMROSE DR.
CITY - ST - ZIP	HOLIDAY FL
TITLE	T
NAME	SHRIVER, DENNIS
STREET ADDRESS	607 RIVERVILLAGE DR.
CITY - ST - ZIP	TARPON SPGS FL
TITLE	T
NAME	ARDEN, LAURIE
STREET ADDRESS	2049 HOLIDAY DR.
CITY - ST - ZIP	HOLIDAY FL

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	
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	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
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 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:

Nicholas Contomarinos
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

813-943-9147

Telephone Number