

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 # **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**

3. Date Incorporated or Qualified  
**04/05/1993**

3a. Date of Last Report  
**04/12/1995**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

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 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

*Nicholas Contomarinis*

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☒ DELETE  
NAME **LAPOLLO, COMMANDER A.**  
STREET ADDRESS **4032 NEWCASTLE DR.**  
CITY-STATE-ZIP **NEW PORT RICHEY FL**

TITLE **D** ☒ DELETE  
NAME **CONTOMARINOS, NICHOLAS**  
STREET ADDRESS **1141 LORD ST.**  
CITY-STATE-ZIP **HOLIDAY FL**

TITLE **SVP** ☒ DELETE  
NAME **BROWN, RICHARD P.**  
STREET ADDRESS **4820 BONTON DR.**  
CITY-STATE-ZIP **HOLIDAY FL**

TITLE **D** ☒ DELETE  
NAME **BURGELBAUGH, EDWIN S.**  
STREET ADDRESS **3828 PRIMROSE DR.**  
CITY-STATE-ZIP **HOLIDAY FL**

TITLE **T** ☐ DELETE  
NAME **SHRIVER, DENNIS**  
STREET ADDRESS **607 RIVERVILLAGE DR.**  
CITY-STATE-ZIP **TARPON SPGS FL**

TITLE **T** ☒ DELETE  
NAME **ARDEN, LAURIE**  
STREET ADDRESS **2049 HOLIDAY DR.**  
CITY-STATE-ZIP **HOLIDAY FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE **Commander** ☒ Change ☐ Addition  
12 NAME **NICK CONTOMARINIS**  
13 STREET ADDRESS **1141 LORD ST**  
14 CITY-STATE-ZIP **HOLIDAY, FL 34691**

21 TITLE **SR. Vice Comm.** ☒ Change ☐ Addition  
22 NAME **Robert Auld**  
23 STREET ADDRESS **732 DRIFTWOOD LANE**  
24 CITY-STATE-ZIP **TARPON SPRINGS, FL 34689**

31 TITLE **DR. Vice Comm.** ☐ Change ☐ Addition  
32 NAME **DONALD STEINLE**  
33 STREET ADDRESS **1104 BEAVER DR.**  
34 CITY-STATE-ZIP **TARPON SPRINGS, FL 34689**

41 TITLE **Trustee** ☒ Change ☐ Addition  
42 NAME **CARLO A. LAPOLLO**  
43 STREET ADDRESS **4032 NEW CASTLE DR**  
44 CITY-STATE-ZIP **NEW PORT RICHEY, FL 34652**

51 TITLE ☐ Change ☐ Addition  
52 NAME ☐ Change ☐ Addition  
53 STREET ADDRESS ☐ Change ☐ Addition  
54 CITY-STATE-ZIP ☐ Change ☐ Addition

61 TITLE **Trustee** ☒ Change ☐ Addition  
62 NAME **ROY LEONARD**  
63 STREET ADDRESS **1209 E. LEONARD ST**  
64 CITY-STATE-ZIP **TARPON SPRINGS, FL 34691**

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 Contomarinis*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date:

**813-938-2259.**

Daytime Phone #

CR2E037 (12/95)