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FILED

May 01 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA 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

Mailing Address

42070 US HWY 19
TARPON SPRINGS FL 3468942070 US HWY 19
TARPON SPRINGS FL 34689-41493. Date Incorporated or Qualified
04/05/19933a. Date of Last Report
03/04/19964. FEI Number
59-3142458Applied For
Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees8. 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 34689

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

4-22-97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE C
NAME CONTOMARINOS, NICK
STREET ADDRESS 1141 LORD STREET
CITY-ST-ZIP HOLIDAY FL
☐ DELETE1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
☒ Change ☐ AdditionTITLE VPC
NAME AULD, ROBERT
STREET ADDRESS 732 DRIFTWOOD LANE
CITY-ST-ZIP TARPON SPRINGS FL
☒ DELETE2.1 TITLE
2.2 NAME VPC/JR
2.3 STREET ADDRESS Hankins, James D.
2.4 CITY-ST-ZIP 938 Ridgewood Terrace
Tarpon Springs, FL 34689
☒ Change ☐ AdditionTITLE VPC
NAME STEINLE, DONALD
STREET ADDRESS 1104 DENVER DRIVE
CITY-ST-ZIP TARPON SPRINGS FL
☐ DELETE3.1 TITLE
3.2 NAME VPC/SR
3.3 STREET ADDRESS Steinle, Donald
3.4 CITY-ST-ZIP 1104 Denver Drive
Tarpon Springs, FL 34689
☒ Change ☐ AdditionTITLE T
NAME LAPOLLO, CARLO A
STREET ADDRESS 4032 NEW CASTLE DRIVE
CITY-ST-ZIP NEW PORT RICHEY FL
☒ DELETE4.1 TITLE
4.2 NAME Mulligan, James
4.3 STREET ADDRESS 1670 Polo Club Drive
4.4 CITY-ST-ZIP Tarpon Springs, FL 34689
☒ Change ☒ AdditionTITLE T
NAME SHRIVER, DENNIS
STREET ADDRESS 607 RIVERVILLAGE DR.
CITY-ST-ZIP TARPON SPGS FL
☒ DELETE5.1 TITLE
5.2 NAME Dorn, William C.
5.3 STREET ADDRESS 3022 Holiday Lake Drive
5.4 CITY-ST-ZIP Holiday, FL 34691
☒ Change ☒ AdditionTITLE T
NAME LEONARD, ROY
STREET ADDRESS 1209 EAST LEMON STREET
CITY-ST-ZIP TARPON SPRINGS FL
☐ DELETE6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
☐ Change ☐ Addition

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

CONTOMARINOS

4-22-97 813 937-4257

Date

Daytime Phone # 0068861

CP2E037 (9/96)