FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

N93000001206 (2) DOCUMENT #

FILED Feb 12 1998 8:00am Secretary of State

V.F.W. POST 10757,INC.										
Principal Place	e of Business	Mailing Address						adı vedil velil	RESP CORF C	411 0 4 111 186 1
42070 US HWY TARPON SPRIN		42070 US HWY 19 TARPON SPRINGS FL 34	1689				3. Date Incorporated or Qualified 04/05/1993 4. FEI Number		Ap	plied For
							59-3142458		No	t Applicable
2. Principal Place of Business 21		2a. Malling Address 26				6. Certificate of Status Desired		\$8.75 / Fee Re	pariup	
Sulte, Apt.	#, etc.	Suite, Apt. #, etc.				Election Campaign Financing Trust Fund Contribution		\$5.00 i Added to	Fees	
City & State	9	City & State				7. Is this nonprofit corporation a homeowners association? Yes You No				
Zip	Country	Zip Cor		Country			8. This corporation owes or has pa			
24	25	29	30				Personal Property Tax due June 10. Name and Address of New Re	- · · ·] No
	9. Name and Address of Currer	it Dağıstaran Masıit		81	Name		19. Hann Kile Children of Heat Un	=-a-o-an MB		
CONTOMARINOS, NICHOLAS 1141 LORD ST				62		Addre	ddress (P.O. Box Number is Not Acceptable)			
	YFL 34690			63						
				84	City			FL	85 Zip	Code
11. Pursuant	to the provisions of Sections 617.050	2 and 617.1508. Florida Stat	utes, the	above	-named	corpo	ration submits this statement for the p	urpose of c	hanging it	s registered
office or r	egistered agent, or both, in the State	of Florida. Such change was ations of Section 617,0503.	s authoriza Florida Sta	ed by	the corp 3.	poratio	ration submits this statement for the policy board of directors. I hereby accept	ot the appoir	ntment as	registered
SIGNATURE		\ \	21 the	(45	نصا	اما د	MARINOS	1-70	98	. =
	Sign tire, typed or printed name of registered ag-	ent and title if applicable. (No			nt signature	osiuper e	d when reinstating)	DATE	VDECTOR	C IN 42
12.		D DIRECTORS	13			1	ADDITIONS/CHANGES TO OFFIC		Change	Addition
TITLE	CONTOUADINGS NICK	CONTOMARINOS, NICK		1.1 TITLE 1.2 NAME						
NAME STREET ADDRESS	1141 LORD STREET				ADDRESS		·			
CITY-ST-ZIP	HOLIDAY FL			1.4 City-ST-ZiP						_
TITLE	VPC	DELETE		2.1 TITLE		52	Vice	<u>ַ</u>	Change	Addition
NAME	HANKINS, JAMES D		22 NAME			De	uice LNNIS ZIEMIMSKI 109 Russell LAPE			
STREET ADDRESS	938 RIDGEWOOD TERRACE		2.3	STREET	ADDRESS	16	109 RUSSELL LATTE			
CITY-ST-ZIP	TARPON SPRINGS FL			2.4 CITY-ST-ZIP		H.	oliday, FL 34691			
TITLE	VPC			3.1 TITLE			,	T.	Change	☐ Addition
NAME	STEINLE, DONALD		3.2	NAME						
STREET ADDRESS	1104 DENVER DRIVE	3.3		3.3 STREET ADDRESS						
CITY-ST-ZIP	TARPON SPRINGS FL			CITY-	ST-ZIP	 		 -	7 8.	T . (10)
TITLE	T	☐ DELETE		TITLE				L	Change	☐ Addition
NAME	MULLIGAN, JAMES			NAME						
STREET ADDRESS	1670 POLO CLUB DRIVE				ADDRESS					
CITY-ST-ZIP	TARPON SPRINGS FL	T DELEGE		CITY - S	ST-ZIP	 			Change	Addition
TITLE	1 DODA 14814111111111111111111111111111111111	☐ DELETE		5.1 TITLE 5.2 NAME					onange	
NAME	DORN, WILLIAMS C				*******	1				
STREET ADDRESS	3022 HOLIDAY LAKE DRIVE				ADDRESS					
CITY-ST-ZIP	HOLIDAY FL	☐ DELETE		CITY-S TITLE	1 - ZIP	+			Change	Addition
TITLE	LEONADD DOV	<u></u>		NAME				_		
NAME ATTECT ADDRESS	LEONARD, ROY 1209 EAST LEMON STREET				T ADDRESS					
STREET ADDRESS	TARPON SPRINGS FL				ST-ZIP	1				
			= 0.4	UIII " 6	01 - All					

14. I 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.