

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 21, 1999 8:00 am
Secretary of State

02-21-1999 90043 029 ****61.25

DOCUMENT # N93000001206

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

Zip

Country

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

3. Date Incorporated or Qualified

04/05/1993

4. FEI Number

59-3142458

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

9. Name and Address of Current Registered Agent

CONTOMARINOS, NICHOLAS
1141 LORD ST
HOLIDAY FL 34090

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

34691

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

1-9-99

12. OFFICERS AND DIRECTORS

TITLE C ☐ DELETE

NAME CONTOMARINOS, NICK
STREET ADDRESS 1141 LORD STREET
CITY-ST-ZIP HOLIDAY FL

TITLE SV ☒ DELETE

NAME ZIEMIMSKI, DENNIS
STREET ADDRESS 1409 RUSSELL LANE
CITY-ST-ZIP HOLIDAY FL 34691

TITLE VPC ☒ DELETE

NAME STEINLE, DONALD
STREET ADDRESS 1104 DENVER DRIVE
CITY-ST-ZIP TARPON SPRINGS FL

TITLE T ☐ DELETE

NAME MULLIGAN, JAMES
STREET ADDRESS 1670 POLO CLUB DRIVE
CITY-ST-ZIP TARPON SPRINGS FL

TITLE T ☐ DELETE

NAME DORN, WILLIAMS C
STREET ADDRESS 3022 HOLIDAY LAKE DRIVE
CITY-ST-ZIP HOLIDAY FL

TITLE T ☐ DELETE

NAME LEONARD, ROY
STREET ADDRESS 1209 EAST LEMON STREET
CITY-ST-ZIP TARPON SPRINGS 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

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SV
STEINLE, DONALD
1104 BEAVER DR.
TARPON SPRINGS, FL 34689
Auld, Robert
732 Driftwood Ln.
TARPON SPRINGS, FL 34689

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-9-99

Date

727-937-4257

Daytime Phone #

CR2E037 (1/98)