

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2004 8:00 am
Secretary of State

02-11-2004 90023 004 ****61.25

DOCUMENT # N93000001206

1. Entity 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

34004797



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01312004 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
59-3142458

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SHORE, OWEN P
803 RIVERVIEW LN
TARPON SPRINGS, FL 34689

Name **YOUNGS, CLAUDE E.**
Street Address (P.O. Box Number is Not Acceptable)
237 MAPLE AVE

City **PALM HARBOR** FL Zip Code **34684**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]* DATE **9 FEB 04**
(NOTE: Registered Agent signature required when re-registering)

Filing Fee is \$61.25
Due by May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution: ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
NAME **STEINLE, DONALD**
STREET ADDRESS **1104 BEAVER DR**
CITY-ST-ZIP **TARPON SPRINGS, FL 34689**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **SHOAF, OWEN**
CITY-ST-ZIP **803 RIVERVIEW LN
TARPON SPRINGS, FL 34689**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Delete
NAME **WALT, JOE R**
STREET ADDRESS **39248 US 19N # 297**
CITY-ST-ZIP **TARPON SPRINGS, FL 34689**

TITLE ☒ Change ☐ Addition
NAME **ADVOCATE**
STREET ADDRESS **INMAN, WILLIAM J.**
CITY-ST-ZIP **39820 US 19 N #154
TARPON SPRINGS, FL 34689**

TITLE ☐ Delete
NAME **KALACHER, RAYMOND**
STREET ADDRESS **3911 ENDICOTT DR**
CITY-ST-ZIP **NEW PORT RICHEY, FL 34652**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **FOWLER, CHARLES E**
CITY-ST-ZIP **824 FRANCES DR
TARPON SPRINGS, FL 34689**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **DORN, WILLIAM C**
STREET ADDRESS **3609 SPRINGFIELD DR**
CITY-ST-ZIP **HOLIDAY, FL 34691**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* DATE **4 FEB 04** DAYTIME PHONE # **943-9147**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR