

# 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 # N94000002690 (5)**

1. Corporation Name

**BISHOP CHARLES B. MCLAUGHLIN POST 1917, CATHOLIC  
WAR VETERANS OF THE UNITED STATES OF AMERICA, I**

Principal Place of Business

**3167 SAND TRAP COURT  
LAKELAND FL 33809**

Mailing Address

**3167 SAND TRAP COURT  
LAKELAND FL 33809**



3. Date Incorporated or Qualified  
**05/25/1994**

3a. Date of Last Report  
**04/13/1995**

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

**59-3153597**

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

City & State

City & State

6. Election Campaign Financing  
Trust Fund Contribution

☐

**\$5.00 May Be  
Added to Fees**

Zip

Country

Zip

Country

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SMITH, SERAL A  
3167 SAND TRAP COURT  
LAKELAND FL 33809**

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 not stating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **SMITH, SERAL A**  
STREET ADDRESS **3167 SANDTRAP COURT**  
CITY - ST - ZIP **LAKELAND FL**

TITLE ☒ DELETE

NAME **AHEARN, WILLIAM J JR**  
STREET ADDRESS **1625 ARIANA STREET**  
CITY - ST - ZIP **LAKELAND FL 33803**

TITLE ☒ DELETE

NAME **LYNCH, JAMES E**  
STREET ADDRESS **4444 US 98 NORTH**  
CITY - ST - ZIP **LAKELAND FL 33809**

TITLE ☒ DELETE

NAME **LANTZ, JIM L**  
STREET ADDRESS **P O BOX 3644 N/A**  
CITY - ST - ZIP **LAKELAND FL 33802**

TITLE ☒ DELETE

NAME **MCKENNA, PETER J**  
STREET ADDRESS **3746 FEATHERWOOD TR**  
CITY - ST - ZIP **LAKELAND FL 33813**

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

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 ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

**T  
UNSER, LOREN E.  
4747 NORTH ROAD 33  
LAKELAND, FL. 33805-9542**

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

**T  
UNSER, THERESA A.  
7405 NORTH SOCRUM LOOP ROAD #2  
LAKELAND, FL. 33809**

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

**T  
ARCHAMBAULT, LUCIEN E.  
289 COUNTRY CLUB DRIVE  
PLANT CITY, FL. 33565-9259**

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

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:

*SERAL A SMITH*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/14/96*  
Date

*941-858-4882*  
Daytime Phone #

CR2E037 (12/95)