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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N95000000431 (5)

1. Corporation Name

FORT PIERCE NORTHSIDE POST #10554 VETERANS OF FO  
REIGN WARS OF THE UNITED STATES, INC.

Principal Place of Business

3035 N US ONE  
FT PIERCE FL 34646

Mailing Address

3035 N US ONE  
FT PIERCE FL 34646



3. Date Incorporated or Qualified  
01/25/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

AKERS, DILLARD  
3035 N US ONE  
FT PIERCE FL 34646

81

Name MASSEY, HERMAN

82

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

83

3035 N US ONE

84

City FORT PIERCE

FL

85

Zip Code  
34946

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

Herman Massey

(NOTE: Registered Agent signature required when reinstating)

DATE

5-3-96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D  
NAME AKERS, DILLARD  
STREET ADDRESS 308 S 16 STREET  
CITY-ST-ZIP FT PIERCE FL 34950

DELETE

TITLE D  
NAME GERARDINO, PETE  
STREET ADDRESS 5991 CLYDESDALE LN  
CITY-ST-ZIP PORT ST LUCIE FL 34988

DELETE

TITLE D  
NAME MASSEY, HERMAN  
STREET ADDRESS 709 NE GALILEAN  
CITY-ST-ZIP PORT ST LUCIE FL 34983

DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

11 TITLE D  
12 NAME FORD, RAY  
13 STREET ADDRESS 2760 TALL PINE ST  
14 CITY-ST-ZIP FORT PIERCE FL 34945

Change Addition

21 TITLE D  
22 NAME CERBASI VINCENT  
23 STREET ADDRESS 5805 ridge ct  
24 CITY-ST-ZIP YEEHAW JUNCTION FL 34972

Change Addition

31 TITLE  
32 NAME  
33 STREET ADDRESS  
34 CITY-ST-ZIP

Change Addition

41 TITLE  
42 NAME  
43 STREET ADDRESS  
44 CITY-ST-ZIP

Change Addition

51 TITLE  
52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP

Change Addition

61 TITLE  
62 NAME  
63 STREET ADDRESS  
64 CITY-ST-ZIP

Change Addition

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:

Herman Massey

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/96

Date

Daytime Phone: #

CR2E037 (12/95)