

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

FILED
Sep 30 1998 8:00am
Secretary of State

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

Mailing Address

3035 N US ONE
FT PIERCE FL 34646

3035 N US ONE
FT PIERCE FL 34646

3. Date Incorporated or Qualified

01/25/1995

4. FEI Number

65-0550895

Applied For

Not Applicable

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes

☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes

☐ No

9. Name and Address of Current Registered Agent

CHASE, WILLIAM T
3035 N US ONE
FT PIERCE FL 34646

10. Name and Address of New Registered Agent

81

Name

Dismore Stephen T.

82

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

6026 Indrio Rd N-5

83

City

Ft. Pierce

84

State

FL

85

Zip Code

34951

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 *Stephen T. Dismore*

(Signature typed or printed name of registered agent and title if applicable.)

(NOTE: Registered Agent signature required when reinstating)

DATE

9/14/98

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME D MOORE, DONALD B

STREET ADDRESS 2509 OLD DIXIE HWY

CITY-ST-ZIP FT. PIERCE FL

TITLE ☐ DELETE

NAME D DELEGAL, SANFORD W

STREET ADDRESS 6539 ZAPOTE

CITY-ST-ZIP FT PIERCE FL

TITLE ☐ DELETE

NAME CHASE, WILLIAM T

STREET ADDRESS 37 FLORES DEL NORTE

CITY-ST-ZIP FT PIERCE FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

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 D Michael A Ford

1.3 STREET ADDRESS 809 S 11th St.

1.4 CITY-ST-ZIP Ft. Pierce FL.

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME D Delegal Sanford

2.3 STREET ADDRESS 6539 Zapote

2.4 CITY-ST-ZIP Ft. Pierce FL

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME Dismore Stephen T.

3.3 STREET ADDRESS 6026 Indrio Rd N-5

3.4 CITY-ST-ZIP Ft. Pierce FL.

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

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 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.

SIGNATURE: *Stephen T. Dismore*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE: 9/14/98
Daytime Phone #

CR2E037 (5/98)