


FILE NOW: FILING FEE IS \$61.25

FILED

Jun 03 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # N96000005969 (8)

1. Corporation Name
V.S. DESIO MEMORIAL POST 10476
~~ROTONDA WEST POST 11152 VETERANS OF FOREIGN WARS OF THE UNITED STATES, INC.~~

N/C 2/5/98



Principal Place of Business Mailing Address

37 GOLFVIEW PL ROTONDA FL 33947
3725 CAPE HAZE DR PO BOX 888 ROTONDA WEST, FL 33947
FLACIDA FL 899400888

3. Date Incorporated or Qualified
11/22/1996

4. FEI Number
65-0342044

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

6. Election Campaign Financing Trust Fund Contribution \$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

2. Principal Place of Business 2a. Mailing Address

21 3725 CAPE HAZE DR 26

22 Suite, Apt. #, etc. 27

23 City & State 28
ROTONDA WEST, FL

24 Zip 25 Country 29 Zip 30 Country
33947 U.S.A.

9. Name and Address of Current Registered Agent

HOLM
SIDNEY R
37 GOLFVIEW PL
ROTONDA WEST FL 33947

10. Name and Address of New Registered Agent

81 Name

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

83

84 City 85 Zip Code
FL

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	D WEBBER, WILLIAM F <input checked="" type="checkbox"/> DELETE
NAME	112 FAIRWAY RD
STREET ADDRESS	ROTONDA WEST FL 33947
CITY-ST-ZIP	
TITLE	D HOLM, SID <input type="checkbox"/> DELETE
NAME	37 GOLFVIEW PL
STREET ADDRESS	ROTONDA WEST FL 33947
CITY-ST-ZIP	
TITLE	D MOHLER, CHARLES <input type="checkbox"/> DELETE
NAME	198 ANNAPOLIS LANE
STREET ADDRESS	ROTONDA WEST FL 33947
CITY-ST-ZIP	
TITLE	CRACKER <input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	T ECKERT, CHARLES J <input type="checkbox"/> DELETE
NAME	4234 CUTLER TERRACE
STREET ADDRESS	PORT CHARLOTTE, FL 33981
CITY-ST-ZIP	
TITLE	D DESIO, VINCENT W <input type="checkbox"/> DELETE
NAME	41 ROTONDA CIRCLE
STREET ADDRESS	ROTONDA WEST, FL 33947
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	COMMANDER <input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	QUARTERMASTER <input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	TRUSTEE <input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	TRUSTEE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	2000002547912
6.3 STREET ADDRESS	-06/04/98--01070--043
6.4 CITY-ST-ZIP	***61.25

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: _____

CR2E037 (10/97)