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Feb 22, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N96000005969

1. Corporation Name

V.J. DESIO MEMORIAL POST 10476 INC.

Principal Place of Business

3725 CAPE HAZE DRIVE
ROTONDA WEST FL 33947
US

Mailing Address

3725 CAPE HAZE DRIVE
ROTONDA WEST FL 33947
US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		11/22/1996	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		65-0342044	
24 Country		29 Country		30 Country	
25		29		30	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>				\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent

HOMN, SIDNEY R
37 GOLFVIEW PL
ROTONDA WEST FL 33947

10. Name and Address of New Registered Agent

81 Name **VINCENT W. DESIO**
 82 Street Address (P.O. Box Number is Not Acceptable) **41 ROTONDA CIRCE**
 83
 84 City **ROTONDA** FL 85 Zip Code **33947**

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 *Vincent W. Desio*
 Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

1-6-99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DC	1.1 TITLE	DC
NAME	HOLM, SID	1.2 NAME	DESIO, VINCENT W
STREET ADDRESS	37 GOLFVIEW PL	1.3 STREET ADDRESS	41 ROTONDA CIRCLE
CITY-ST-ZIP	ROTONDA WEST FL 33947	1.4 CITY-ST-ZIP	ROTONDA FL 33947
TITLE	D	2.1 TITLE	T
NAME	MOHLER, CHARLES	2.2 NAME	MOHLER, CHARLES F
STREET ADDRESS	196 ANNAPOLIS LANE	2.3 STREET ADDRESS	196 ANNAPOLIS LN
CITY-ST-ZIP	ROTONDA WEST FL 33947	2.4 CITY-ST-ZIP	ROTONDA FL 33947
TITLE	T	3.1 TITLE	V
NAME	ECKERT, CHARLES J	3.2 NAME	FITZGERALD, HENRY
STREET ADDRESS	6334 CUTLER TERR.	3.3 STREET ADDRESS	13491 ROMFORD AVE
CITY-ST-ZIP	PT. CHARLOTTE FL 33981	3.4 CITY-ST-ZIP	PORT CHARLOTTE FL 33981
TITLE	DT	4.1 TITLE	TR
NAME	DESIO, VINCENT W	4.2 NAME	GRISSELL, HENRY
STREET ADDRESS	41 ROTONDA CIR.	4.3 STREET ADDRESS	6314 DRUDE CT
CITY-ST-ZIP	ROTONDA WEST FL 33947	4.4 CITY-ST-ZIP	PORT CHARLOTTE FL 33981
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE: *Charles F. Mohler* **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan 4, 1999

Date

941-697-1472

Daytime Phone #

CR2E037 (11/98)