


FILE NOW: FILING FEE IS \$61.25

FILED

Jan 21 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # **N97000005363 (3)**

1. Corporation Name

**VETERAN'S CHARITABLE FOUNDATION, INC.**



Principal Place of Business	Mailing Address
1748 PALM LAND DR BOYNTON BEACH FL 33436	1748 PALM LAND DR BOYNTON BEACH FL 33436

3. Date Incorporated or Qualified

**09/19/1997**

4. FEI Number

**155-26-5788**

☒ Applied For  
☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**COHN, L. JERRY**  
**4300 N UNIVERSITY DR**  
**SUITE B-104**  
**LAUDERHILL FL 33351**

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	PD <input type="checkbox"/> DELETE
NAME	<b>CARIELLO, FRANK</b>
STREET ADDRESS	<b>1748 PALM LAND DR</b>
CITY-ST-ZIP	<b>BOYNTON BEACH FL 33436</b>
TITLE	D <input type="checkbox"/> DELETE
NAME	<b>CRECCO, LOUIS</b>
STREET ADDRESS	<b>11111 BISCAYNE BLVD, #207</b>
CITY-ST-ZIP	<b>MIAMI FL 33189</b>
TITLE	D <input type="checkbox"/> DELETE
NAME	<b>CAPRIO, PHILIP</b>
STREET ADDRESS	<b>10260 PORT OF SPAIN ST</b>
CITY-ST-ZIP	<b>COOPER CITY FL 33026</b>
TITLE	D <input type="checkbox"/> DELETE
NAME	<b>PIA, JULIE</b>
STREET ADDRESS	<b>411 SE 3RD ST</b>
CITY-ST-ZIP	<b>DANIA FL 33004</b>
TITLE	D <input type="checkbox"/> DELETE
NAME	<b>NATALIZIO, MARIO</b>
STREET ADDRESS	<b>1301 NW 7TH ST</b>
CITY-ST-ZIP	<b>HALLANDALE FL 33009</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: **Frank Carriello** Pres. 1-6-97 561-733-7883

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0081832

CR2E037 (10/97)