**FILE NOW: FILING FEE IS $61.25**

NONPROFIT CORPORATION ANNUAL REPORT

**1999**

FLORIDA DEPARTMENT OF STATE
**Katherine Harris**
Secretary of State
DIVISION OF CORPORATIONS

**FILED**
**Jun 21, 1999 8:00 am**
**Secretary of State**
06-21-1999 90007 038 ****61.25

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DOCUMENT # 717150

1. Corporation Name

INDIAN ROCKS POST NO. 10094 VETERANS OF FOREIGN WARS OF THE UNITED STATES, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| FOREIGN WARS OF THE UNITED STATES INC<br>311 1ST ST N. . PO BOX 133<br>INDIAN ROCKS BEACH FL 34635 | FOREIGN WARS OF THE UNITED STATES INC<br>311 1ST ST N. . PO BOX 133<br>INDIAN ROCKS BEACH FL 34635 |

| 2. Principal Place of Business | 2a. Mailing Address | 3. Date Incorporated or Qualifed |
|---|---|---|
| 21 14268 WALSINGHAM RD. | 26 | 09/15/1969 |
| Suite, Apt. #, atc.<br>22 | Suite, Apt. #, etc.<br>27 | 4. FEI Number 23-7010567 ☐ Applied For ☐ Not Applicable |
| City & State<br>23 LARGO, FLORIDA | City & State<br>28 | 5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required |
| Zip 24 33774 Country 25 | Zip 29 Country 30 | 6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees |

| 9. Name and Address of Current Registered Agent | 10. Name and Address of New Registered Agent |
|---|---|
| ACKMAN, JAMES B<br>205 10TH AVE.<br>INDIAN ROCKS BEACH FL 33785 | 81 Name<br>82 Street Address (P.O. Box Number is Not Acceptable)<br>83<br>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.

X SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|---|
| TITLE | PD | ☐ DELETE | 1.1 TITLE | | ☐ Change ☐ Addition |
| NAME | SURFACE, STEPHEN R. | | 1.2 NAME | | |
| STREET ADDRESS | 13490 LAS PALMAS D | | 1.3 STREET ADDRESS | | |
| CITY-ST-ZIP | LARGO FL 33774 | | 1.4 CITY-ST-ZIP | | |
| TITLE | VD | ☐ DELETE | 2.1 TITLE | | ☐ Change ☐ Addition |
| NAME | MILLER, JOHNNY | | 2.2 NAME | | |
| STREET ADDRESS | 5325 17TH AVE S | | 2.3 STREET ADDRESS | | |
| CITY-ST-ZIP | GULFPORT FL 33707 | | 2.4 CITY-ST-ZIP | | |
| TITLE | TD | ☒ DELETE | 3.1 TITLE | TD Quartermaster | ☐ Change ☒ Addition |
| NAME | HOFER, TERENCE A. | | 3.2 NAME | EWING, JOSEPH D. | |
| STREET ADDRESS | 7501 142ND AVE N #436 | | 3.3 STREET ADDRESS | 604 GULF BLVD #A | |
| CITY-ST-ZIP | LARGO FL 33771 | | 3.4 CITY-ST-ZIP | INDIAN ROCKS BEACH, FL 33785 | |
| TITLE | | ☐ DELETE | 4.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 4.2 NAME | | |
| STREET ADDRESS | | | 4.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 4.4 CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE | 5.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 5.2 NAME | | |
| STREET ADDRESS | | | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 5.4 CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE | 6.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 6.2 NAME | | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 6.4 CITY-ST-ZIP | | |

CR2E037 (11/98)

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:** SIGNATURE REQUIRED Joseph D. Ewing 6-17-99 (727)593-9222
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #