


FILE NOW: FILING FEE IS \$61.25

FILED
Mar 04, 1999 8:00 am
Secretary of State

03-04-1999 90073 049 ****61.25

0075108

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # 733894 1. Corporation Name ANDRE' "ANDY" J. MATTON POST NO. 10130 VETERANS OF FOREIGN WARS OF THE UNITED STATES, INC.		
Principal Place of Business 710 SW AIROSO BLVD PORT ST LUCIE FL 34983 US	Mailing Address P.O. BOX 7339 P.O. BOX 34985 PT ST LUCIE FL 34985-4339 US	

161012-90073-49



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	09/22/1975
22 City & State	27 City & State	4. FEI Number
23 Zip	28 Zip	23-7113088
24 Country	29 Country	Applied For
	30 Country	Not Applicable
9. Name and Address of Current Registered Agent		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		10. Name and Address of New Registered Agent	
CONSER, RUSSEL, S., QM 710 SW AIROSO BLVD PORT ST. LUCIE FL 34983		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 _____ 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	V <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, KATHERINE L	1.2 NAME	
STREET ADDRESS	2265 SE MASTER AVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	PORT ST LUCIE FL 34952	1.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CONSER, RUSSEL, S	2.2 NAME	
STREET ADDRESS	710 SW AIROSO BLVD	2.3 STREET ADDRESS	
CITY-ST-ZIP	PT ST LUCIE, FL 00000	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MITCHELL, RAYMOND	3.2 NAME	D CARREIRO, JOSEPH
STREET ADDRESS	130 NW AIROSO BLVD	3.3 STREET ADDRESS	210 S.W. PARISH ST
CITY-ST-ZIP	PT ST LUCIE, FL 00000	3.4 CITY-ST-ZIP	PT. ST. LUCIE, FL 34984
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RADULSKI, FRANCIS	4.2 NAME	D BUSHNER, CLARRICE
STREET ADDRESS	664 SW DALTON CIR	4.3 STREET ADDRESS	2051 S.E. West Moreland Blvd
CITY-ST-ZIP	PT ST LUCIE, FL 00000	4.4 CITY-ST-ZIP	PT. ST. LUCIE FL 34982
TITLE	D <input checked="" type="checkbox"/> DELETE OK	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUNT, ERNEST, A	5.2 NAME	
STREET ADDRESS	756 SW DEL RIO BLVD	5.3 STREET ADDRESS	
CITY-ST-ZIP	PT ST LUCIE, FL 00000	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: SIGNATURE REQUIRED 9/11/99 (561) 878-0959
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/198)