

FILE NOW: FILING FEE IS \$61.25

FILED
Jan 16 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 # 749266 (3)
1. Corporation Name
FLAGLER COUNTY POST NO. 5213, VETERANS OF FOREIGN WARS OF THE UNITED STATES



Principal Place of Business: PO BOX 2075, BUNNELL FL 32110
Mailing Address: PO BOX 2075, BUNNELL FL 32110

3. Date Incorporated or Qualified: 10/10/1979
4. FEI Number: 59-6162521
Applied For: Not Applicable

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) details including Suite, Apt. #, City & State, Zip, and Country.

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
WRIGHT, ROBERT HOWARD, M.D.
14 ZODIAC PLACE
PO BOX 2348
32110-2348

10. Name and Address of New Registered Agent (81-85)
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: _____
(NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|--|---|--------------------|
| TITLE | P ELLIS, GEORGE A 159 LEITOLT AVE FLGLER BCH FL | <input type="checkbox"/> DELETE | 1.1 TITLE |
| NAME | | | 1.2 NAME |
| STREET ADDRESS | | | 1.3 STREET ADDRESS |
| CITY-ST-ZIP | | | 1.4 CITY-ST-ZIP |
| TITLE | V SHAW, JAMES F. 370 LAMBERT AVE. FLGLER BCH. FL | <input type="checkbox"/> DELETE | 2.1 TITLE |
| NAME | | | 2.2 NAME |
| STREET ADDRESS | | | 2.3 STREET ADDRESS |
| CITY-ST-ZIP | | | 2.4 CITY-ST-ZIP |
| TITLE | TD WRIGHT, ROBERT HOWARD BOX 2348 N/A BUNNELL FL | <input type="checkbox"/> DELETE | 3.1 TITLE |
| NAME | | | 3.2 NAME |
| STREET ADDRESS | | | 3.3 STREET ADDRESS |
| CITY-ST-ZIP | | | 3.4 CITY-ST-ZIP |
| TITLE | SD SHEEHAN, JAMES F 1802 N. CENTRAL AVE. FLGLER BCH. FL | <input type="checkbox"/> DELETE | 4.1 TITLE |
| NAME | | | 4.2 NAME |
| STREET ADDRESS | | | 4.3 STREET ADDRESS |
| CITY-ST-ZIP | | | 4.4 CITY-ST-ZIP |
| TITLE | D GREEN, VIRGIL 151 BREN MAR LANE PALM COAST FL | <input type="checkbox"/> DELETE | 5.1 TITLE |
| NAME | | | 5.2 NAME |
| STREET ADDRESS | | | 5.3 STREET ADDRESS |
| CITY-ST-ZIP | | | 5.4 CITY-ST-ZIP |
| TITLE | T WRIGHT, JAMES H. 112 BREN MAR LANE PALM COAST FL | <input type="checkbox"/> DELETE | 6.1 TITLE |
| NAME | | | 6.2 NAME |
| STREET ADDRESS | | | 6.3 STREET ADDRESS |
| CITY-ST-ZIP | | | 6.4 CITY-ST-ZIP |

ROBERT F. HOWARD, M.D.
200 N. ANDERSON ST.
BUNNELL FL 32110-2393

Change Addition

CR2E037 (10/97)

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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR