


FILE NOW: FILING FEE IS \$61.25

FILED
Jan 28, 1999 8:00am
Secretary of State

01-28-1999 90039 050 *****61.25

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

DOCUMENT # 749266

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



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		10/10/1979	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-6162521	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	
23		28		\$8.75: Additional Fee Required	
Zip		Zip		6. Election Campaign Financing	
24		29		Trust Fund Contribution <input type="checkbox"/>	
Country		Country		30	
25		30		\$5.00 May Be Added to Fees	

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 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOWALSKY, JOSEPH F	1.2 NAME	
STREET ADDRESS	200 N ANDERSON ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	BUNNELL FL 32110	1.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHAW, JAMES F.	2.2 NAME	
STREET ADDRESS	370 LAMBERT AVE.	2.3 STREET ADDRESS	
CITY-ST-ZIP	FLAGLER BCH. FL	2.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WRIGHT, ROBERT HOWARD	3.2 NAME	
STREET ADDRESS	BOX 2348 N/A	3.3 STREET ADDRESS	
CITY-ST-ZIP	BUNNELL FL	3.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHEEHAN, JAMES F	4.2 NAME	
STREET ADDRESS	1802 N. CENTRAL AVE.	4.3 STREET ADDRESS	
CITY-ST-ZIP	FLAGLER BCH. FL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREEN, VIRGIL	5.2 NAME	
STREET ADDRESS	151 BREN MAR LANE	5.3 STREET ADDRESS	
CITY-ST-ZIP	PALM COAST FL	5.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WRIGHT, JAMES H.	6.2 NAME	
STREET ADDRESS	112 BREN MAR LANE	6.3 STREET ADDRESS	
CITY-ST-ZIP	PALM COAST FL	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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)