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NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

732153

KENT PURCELL POST NO. 10090 VETERANS OF FOREIGN

WARS OF THE UNITED STATES, INC. Principal Place of Business Mailing Address P.O. BOX 382 P.O. BOX 382 NICEVILLE FL 32588-0382 NICEVILLE FL 32588 3. Date incorporated or Qualified 03/14/1975 3a. Date of Last Report 04/19/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number 23-7089923 Applied For Not Applicable 26 21 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country Ζıρ Country 24 25 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name SNOW, WILLIAM C. Street Address (P.O. Box Number is Not Acceptable) 500 22ND ST. 83 **NICEVILLE FL 32578** 84 City 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 eignature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE 1.1 TITLE Change ☐ Addition TITLE SEWARD, RICHARD L NAME 1.2 NAME 241 OLDE POST RD 1.3 STREET ADDRESS STREET ADDRESS NICEVILLE FL 1.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition 2.1 TITLE TITLE CRANDALL, WILLIAM A. NAME 2.2 NAME 105 REDMAN CT. STREET ADDRESS 23 STREET ADDRESS NICEVILLE FL CITY-ST-ZIP 2.4 CITY-ST-ZIP TITLE DELETE 3.1 TITLE Change ☐ Addition ANDERSON, HOWARD T. 3.2 NAME NAME 351 ILLINOIS AVE. STREET ADDRESS 3.3 SYREET ADDRESS VALPARAISO FL CITY-ST-ZIP 3.4. CITY - \$T - ZIP DELETE Change Addition TITLE 41 TITLE GREENWOOD, ROBERT C. NAME 4. 2 NAME RT.2,BOX 81 HARDING RD. STREET ADDRESS 4.3 STREET ADDRESS NICEVILLE FL 4.4 CITY-ST-ZIP City-St-ZIP DELETE 5.1 TITLE Change Addition SNOW, WILLIAM C. NAME 5.2 NAME 500 22ND ST. STREET ADDRESS 5.3 STREET ADDRESS NICEVILLE FL CITY-ST-ZIF 5.4 CITY - ST - ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 62 NAME STREET ADORESS **6.3 STREET ADDRESS** 6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filling 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 eath; 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:

BIGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

May 08 1997 8:00am

Secretary of State