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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

DOCUMENT # 732153

1. Corporation Name

KENT PURCELL POST NO. 10090 VETERANS OF FOREIGN  
WARS OF THE UNITED STATES, INC.

Principal Place of Business

P.O. BOX 382  
NICEVILLE FL 32588

Mailing Address

P.O. BOX 382  
NICEVILLE FL 32588



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

3. Date Incorporated or Qualified

03/14/1975

4. FEI Number

23-7089923

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

9. Name and Address of Current Registered Agent

SNOW, WILLIAM C.  
500 22ND ST.  
NICEVILLE FL 32578

10. Name and Address of New Registered Agent

81 Name Robert R. Reddick

82 Street Address (P.O. Box Number is Not Acceptable)

1812 Rottan Palm Dr

83

84 City NICEVILLE

FL

85 Zip Code 32578

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

Robert R. Reddick

Robert R. Reddick

April 22, 1999

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE VD  
NAME SHAVER, CHESTER D  
STREET ADDRESS 138 EDWARDS CIR  
CITY-ST-ZIP WALPARISO FL

☐ DELETE

TITLE SD  
NAME REINHARDT, ROBERT G  
STREET ADDRESS 111 FRIAR TUCK DR  
CITY-ST-ZIP NICEVILLE FL

☐ DELETE

TITLE SD  
NAME ANDERSON, HOWARD T.  
STREET ADDRESS 351 ILLINOIS AVE.  
CITY-ST-ZIP VALPARAISO FL

☒ DELETE

TITLE P  
NAME ANDERSON, HOWARD T  
STREET ADDRESS 58 HIDDEN COVE  
CITY-ST-ZIP VALPARAISO FL

☐ DELETE

TITLE TD  
NAME SNOW, WILLIAM C.  
STREET ADDRESS 500 22ND ST.  
CITY-ST-ZIP NICEVILLE FL

☒ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TD  
Robert R. Reddick  
1812 Rottan Palm Dr.  
NICEVILLE FL 32578

☐ Change ☒ Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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:

HOWARD T. ANDERSON  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-21-99

850-678-3958  
Date Daytime Phone #

CR2E037 (1/98)