

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



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

**FILED**  
**May 10, 1999 8:00 am**  
**Secretary of State**

05-10-1999 90170 039 \*\*\*\*61.25

**DOCUMENT # 753335**

1. Corporation Name

**SEBRING MEMORIAL POST 4300 VETERANS OF FOREIGN W  
ARS OF THE UNITED STATES, INC.**

Principal Place of Business

2011 S.E. LAKEVIEW DRIVE  
PO BOX 127  
SEBRING FL 33871-0127

Mailing Address

2011 S.E. LAKEVIEW DRIVE  
PO BOX 127  
SEBRING FL 33871-0127



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

07/15/1980

4. FEI Number

59-0587047

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

LUTHRINGER, JOHN  
3019 VILLA RD  
SEBRING FL 33870

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

TITLE ☐ DELETE

C  
NAME LOKER, JAMES A  
STREET ADDRESS 2953 PARADISE PATH  
CITY-ST-ZIP SEBRING FL 33870

TITLE ☐ DELETE

VC  
NAME STONE, GEORGE  
STREET ADDRESS 1918 BEACH DR  
CITY-ST-ZIP SEBRING FL 33870

TITLE ☐ DELETE

VC  
NAME WATSON, ROGER  
STREET ADDRESS 2124 BAYVIEW ST  
CITY-ST-ZIP SEBRING FL 33870

TITLE ☐ DELETE

T  
NAME RAMBO, ROBERT  
STREET ADDRESS 3213 PARADISE PATH  
CITY-ST-ZIP SEBRING FL 33870

TITLE ☐ DELETE

T  
NAME SCHMIDT, GIL  
STREET ADDRESS 3818 SUNBIRD CT  
CITY-ST-ZIP SEBRING FL 33872

TITLE ☐ DELETE

T  
NAME HUBER, MYRTLE  
STREET ADDRESS 1300 PERSIMMON CT APT 24  
CITY-ST-ZIP SEBRING FL 33870

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

COMMANDER  
DAVID WILLIAMS  
1924 ACHU ST  
SEBRING, FL 33872

2.1 TITLE ☒ Change ☐ Addition

SVC  
LES GIBSON  
PO BOX 1665  
SEBRING, FL 33871

3.1 TITLE ☒ Change ☐ Addition

JVC  
DAVID LAUCK  
6012 RED BEACH LN  
SEBRING, FL 33870

4.1 TITLE ☐ Change ☐ Addition

ROGER WATSON  
2124 BAYVIEW ST  
SEBRING, FL 33870

5.1 TITLE ☒ Change ☐ Addition

HAROLD G. OGBORN  
3510 INDIANA AVE  
SEBRING, FL 33870

6.1 TITLE ☐ Change ☐ Addition

T  
6.2 NAME  
6.3 STREET ADDRESS  
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:

*David Williams*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

QM 5/4/99 (941) 385-8902  
Date Daytime Phone #

CR2E037 (11/98)