

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 10 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 700912 (9)
 1. Corporation Name
TAMIAMI MEMORIAL POST NO. 8118, VETERANS OF FOREIGN WARS OF THE UNITED STATES, INCORPORATED

Principal Place of Business 832 E VENICE AVE VENICE FL 34292	Mailing Address 832 E VENICE AVE VENICE FL 34292
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21 2. Principal Place of Business Suite, Apt. #, etc.	26 2a. Mailing Address Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24 Zip Country	30 Zip Country

3. Date Incorporated or Qualified
05/03/1960

4. FEI Number
59-1089975

Applied For	Not Applicable
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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, BERT
1216 1/2 PINELAND AVE.
VENICE FL 34292

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WRIGHT, BERT	1.2 NAME	
STREET ADDRESS	1216 1/2 PINELAND AVE.	1.3 STREET ADDRESS	
CITY-ST-ZIP	VENICE, FL 00000	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRADLEY, RICK	2.2 NAME	
STREET ADDRESS	917 CYPRESS AVE.	2.3 STREET ADDRESS	
CITY-ST-ZIP	VENICE, FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JACOBS, HENRY I	3.2 NAME	JOHN P. GULITTI
STREET ADDRESS	985 BAFFIN RD. W.	3.3 STREET ADDRESS	243 MOSS LANE
CITY-ST-ZIP	VENICE FL	3.4 CITY-ST-ZIP	VENICE, FL
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLEMENTS, ROLAND F	4.2 NAME	
STREET ADDRESS	861 HIGHLAND CIR.	4.3 STREET ADDRESS	
CITY-ST-ZIP	NOKOMIS FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOWAT, JAMES I	5.2 NAME	
STREET ADDRESS	255 TANGELO PLACE	5.3 STREET ADDRESS	
CITY-ST-ZIP	VENICE FL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	JOHN P. GULITTI
3.3 STREET ADDRESS	243 MOSS LANE
3.4 CITY-ST-ZIP	VENICE, FL
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.

SIGNATURE: *[Signature]* **4/12/98 94-484-8118**

CR2E037 (10/97)