FILE NOW: FILING FEE IS \$61.25

FILED May 06 1998 8:00am NONPROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # 701686 (8) STUART V.F.W. POST #4194, INC. Principal Place of Business Mailing Address STUART VFW #4194 STUART VFW #4194 3. Date Incorporated or Qualified 2464 SW VETERNS AVE 2484 SW VETERANS AVE 11/17/1960 STUART FL 34994 STUART FL 34994 4. FEI Number Applied For 59-6162497 Not Applicable 2. Principal Place of Business 2s. Mailing Address \$8.75 Additional 5. Certificate of Status Desired 2464 SE Voterons Suite, Apt. #, etc. 2464 SE Suite, Apt. #, etc. Fee Required 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees City & State City & State 7. Is this nonprofit corporation a homeowners_association? X No ☐ Yes 26 Zip Country has paid the current year Intangible lue June 30. Yes No This corporation 24 29 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent R1 Name WELCH, THOMAS L Street Address (P.O. Box Number is Not Acceptable) 307 SE MADRIO ST STUART FL 34994 Zip Code 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 pecept by poligations of, Section 617.0503, Florida Statutes. THOMAS L. Welch 307 SEMEONEST Strantfor Quarter master 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. Director TITLE DELETE 1.1 TITLE John Morse, 246 Trafalgar Terr, SHAW, WILLIAM 1.2 NAME NAME 5177 SW ANHINGA AVE STREET ADDRESS 1.3 STREET ADDRESS PALM CITY FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE TITLE 2.1 TITLE NAME CAMPBELL, CHARLES D 2.2 NAME 718 ALAMANDA CIRCLE STREET ADDRESS 2.3 STREET ADDRESS STUART FL CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Addition 3.1 TITLE TITLE WELCH, THOMAS & NAME 3.2 NAME 307 SE MADRIO ST STREET ADORESS 3.3 STREET ADDRESS STUART FL CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE 4.1 TITLE TITLE NAME BRENNEN, WILLIAM 4.2 NAME Shaw Anhingative STREET ADDRESS 8736 S.E. SANDY LANE 4.3 STREET ADDRESS HOBE SOUND FL 33455 CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Addition 5.1 TITLE 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS

14. Thereby 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 truetee 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.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

Addition

DELETE

CITY-ST-ZIP

CITY - ST-ZIP

TITLE

NULE STREET ADORESS