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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

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Jan 22 1998 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998

DOCUMENT #

721959

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SALT SPRINGS POST NO. 10208, VETERANS OF FOREIGN

WARS OF THE UNITED STATES, INC.  Principal Place of Business Mailing Address													
Principal Place of Business			М	Mailing Address					1				
23498 NE HWY 314 SALT SPRINGS FL 32134 US				P.O. BOX 5009 SALT SPRINGS FL 32134					Date incorporated or Qualified 11/02/1971				
1									4.	FEI Number -		4 1	pplled For
2. Principal Place of Business				Racilina Address					┿-	<u>23-7146123</u>			ot Applicable
21 Suite, Apt. #, etc.			2a. Mailing Address 26						ļ			Fee F	Additional tequired
Suite, Apt. #, etc.			Suite, Apt. #, etc.						6.	Election Campaign Financing Trust Fund Contribution	7	\$5.00 Added t	
City & State			City & State						7.	Is this nonprofit corporation a home	eowners a		
23			28										
Zip		Country		Zip		Count	ry		8.	This corporation owes or has paid	the curre		
24		25	29		30					Personal Property Tax due June 30			⊒ No
	9. Name	and Address of Currer	nt Regis	tered Agent				-	10.	Name and Address of New Regis	stered Ag	ent	
						8	1 N	ame					
KRIM, FI 1831 SE	'RED J. E 4th ave					8:	2 S	treet Addre	ess (F	P.O. Box Number is Not Acceptable)	)	3	
OCALA	FL 32670					83	3						
						84	'	ity		- · · · · · · · · · · · · · · · · · · ·	` <b>1</b> -1	1	Code
11. Pursuant	to the provis	sions of Sections 617.050	2 and 6	17.1508, Florida Stat	utes, the	abo	ve-na	med corp	oratio	n submits this statement for the purpoper of directors. I hereby accept the	pose of cl	hanging i	its registered
office or r	registered ac	gent, or both, in the State	of Florid	da. Such change wa: f. Section 617.0503. I	s authori: Fiorida S	ized b Statute	oy the	e corporati	on's t	poard of directors. I hereby accept the	he appoir	ntment as	registered
		in it are accept the cong		,, 0000011 017 100001		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,							
SIGNATURE	Classian to a												
,	2) Charmine 1/Aber	d or printed name of registered age	ent and title	if applicable. (N	OTE; Registe	ored A	gent sig	gnature require	d when	reinstating)	DATE		
12.	Signature, types	d or printed name of registered age OFFICERS AN			OTE: Registe		gent sig	gnature require		reinstating) ADDITIONS/CHANGES TO OFFICER		IRECTO	RS IN 12
12.	D D				13			gnature require			RS AND D	IRECTO	RS IN 12
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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 chapted, or on an attachment with an addigest.