

20-97 B-1721 C

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Feb 11 1997 8:00am

Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **726333** (8)

1. Corporation Name

ANNA MARIA ISLAND POST NO. 8199, VETERANS OF FOREIGN WARS OF THE UNITED STATES, INC.

Principal Place of Business

**BOX 1669
ANNA MARIA FL 34216**

Mailing Address

**BOX 1669
ANNA MARIA FL 34216-1669**

3. Date Incorporated or Qualified **05/04/1973** 3a. Date of Last Report **02/21/1996**

2. Principal Place of Business BRADENTON BEACH, FL	2a. Mailing Address ANNA MARIA ISLAND
21. Suite, Apt. #, etc. 201 2nd St.	26. Suite, Apt. #, etc. PO BOX 1669
22. City & State BRADENTON BEACH, FL	27. City & State ANNA MARIA FL
23. Zip 34217	28. Zip 34216
24. Country USA	29. Country USA

4. FEI Number **59-6162553** 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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**DEVANE, ROBERT E
2208 AVE C
BRADENTON BEACH, FL 34217**

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PDC	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEIDER, GARY	1.2 NAME	
STREET ADDRESS	3012 GULF DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	HOLMES BCH FL	1.4 CITY-ST-ZIP	
TITLE	MDT	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHERER, HERBERT	2.2 NAME	
STREET ADDRESS	6700 HOLMES BLVD	2.3 STREET ADDRESS	
CITY-ST-ZIP	HOLMES BEACH FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEVANE, ROBERT E	3.2 NAME	
STREET ADDRESS	2208 AVE C	3.3 STREET ADDRESS	
CITY-ST-ZIP	HOLMES BEACH FL	3.4 CITY-ST-ZIP	
TITLE	MD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CADY, ALBERT E	4.2 NAME	
STREET ADDRESS	220 GLADIOUS ST	4.3 STREET ADDRESS	
CITY-ST-ZIP	ANNA MARIA FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		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	

I do 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:

ROBERT E DEVANE 2/3/97 778-44100

CR2E037 (9/96)