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Jan 27 1998 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 726333 (8)

1. Corporation Name

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

Principal Place of Business

Mailing Address

201 2ND ST.  
BRADENTON BEACH FL 34217  
US

P.O BOX 1669  
ANNA MARIA FL 34216  
US

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

05/04/1973

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

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

10. Name and Address of New Registered Agent

DEVANE, ROBERT E  
2206 AVE C  
BRADENTON BEACH, FL 34217

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 PDC  
NAME WEIDER, GARY  
STREET ADDRESS 3012 GULF DR  
CITY-ST-ZIP HOLMES BCH FL

TITLE MDT  
NAME SCHERER, HERBERT  
STREET ADDRESS 6700 HOLMES BLVD  
CITY-ST-ZIP HOLMES BEACH FL

TITLE .D  
NAME DEVANE, ROBERT E  
STREET ADDRESS 2206 AVE C  
CITY-ST-ZIP HOLMES BEACH FL

TITLE MD  
NAME CADY, ALBERT E  
STREET ADDRESS 220 GLADIOUS ST  
CITY-ST-ZIP ANA MARIA FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PDC  
1.2 NAME WEIKEL BAUM, MORT  
1.3 STREET ADDRESS 4007 COCONUT TERR  
1.4 CITY-ST-ZIP BRADENTON, FL 34210

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
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: ROBERT E. DEVANE 1/13/98 7784400

CR2E037 (10/97)