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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 726333

1. Corporation Name

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

Principal Place of Business

**201 2ND ST.
BRADENTON BEACH FL 34217
US**

Mailing Address

**P.O BOX 1669
ANNA MARIA FL 34216
US**



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26	05/04/1973
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
22	27	59-6162553
City & State	City & State	Applied For
23	28	Not Applicable
Zip	Zip	5. Certificate of Status Desired <input type="checkbox"/>
24	29	\$8.75 Additional Fee Required
Country	Country	6. Election Campaign Financing
25	30	\$5.00 May Be Added to Fees
Country	Country	Trust Fund Contribution <input type="checkbox"/>

9. Name and Address of Current Registered Agent

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

Robert E. Devane
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

1/13/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PDC <i>WEIXELBAUM, MORT SP</i> <input type="checkbox"/> DELETE	1.1 TITLE	<i>COMMANDER</i> <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEIXELBAUM, MORT SP	1.2 NAME	<i>WEIXELBAUM, MORT</i>
STREET ADDRESS	4007 COCOANUT TERR	1.3 STREET ADDRESS	<i>SAME</i>
CITY-ST-ZIP	BRADENTON FL 34210	1.4 CITY-ST-ZIP	
TITLE	MDT <input type="checkbox"/> DELETE	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 <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEVANE, ROBERT E	3.2 NAME	
STREET ADDRESS	2206 AVE C	3.3 STREET ADDRESS	
CITY-ST-ZIP	HOLMES BEACH FL	3.4 CITY-ST-ZIP	
TITLE	MD <input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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	

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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert E. Devane *1/13/99* *941-778-4400*
Signature Date Daytime Phone #

CR2E037 (11/98)