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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 726980

1. Corporation Name

**THOMAS F. WELCH POST 706, VETERANS OF FOREIGN WA
RS OF THE UNITED STATES, INC.**

Principal Place of Business

2148 WEST DELANO ST
PENSACOLA FL 32505

Mailing Address

2148 WEST DELANO ST
PENSACOLA FL 32505



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

07/16/1973

4. FEI Number

59-0598443

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

9. Name and Address of Current Registered Agent

**BEIGHTOL, LARRY W
2148 WEST DELANO ST
PENSACOLA FL 32505**

10. Name and Address of New Registered Agent

81 Name **SANDERS, TERRY W.**

82 Street Address (P.O. Box Number is Not Acceptable)

2148 WEST DELANO ST

83

84 City **PENSACOLA**

FL

85 Zip Code
32505

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

Terry W Sanders
Signature, typed or printed name of registered agent and title if applicable.

TERRY W SANDERS
(NOTE: Registered Agent signature required when reinstating)

2/16/99
DATE

12. OFFICERS AND DIRECTORS

TITLE ☒ DELETE
NAME **CDR JACOBSON, WILLIAM G**
STREET ADDRESS **2148 W. DELANO ST.**
CITY-ST-ZIP **PENSACOLA FL**

TITLE ☒ DELETE
NAME **S SHEPHERD, PENNY L**
STREET ADDRESS **733 PINE FOREST RD**
CITY-ST-ZIP **PENSACOLA FL 32526**

TITLE ☒ DELETE
NAME **VP SANDERS, TERRY W**
STREET ADDRESS **519 TAMPICO BLVD**
CITY-ST-ZIP **PENSACOLA FL 32506**

TITLE ☐ DELETE
NAME **QM GILMAN, RICHARD A.**
STREET ADDRESS **2148 W. DELANO ST.**
CITY-ST-ZIP **PENSACOLA FL**

TITLE ☐ DELETE
NAME **T WELCH, GENE**
STREET ADDRESS **2148 W DELANO ST**
CITY-ST-ZIP **PENSACOLA FL**

TITLE ☐ DELETE
NAME **T LOUTHAIN, RAYMOND**
STREET ADDRESS **1111 N WEBSTER AVE**
CITY-ST-ZIP **PENSACOLA FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **CDR** ☒ Change ☐ Addition
1.2 NAME **SHEPHERD, PENNY L.**
1.3 STREET ADDRESS **2148 W. Delano St**
1.4 CITY-ST-ZIP **Pensacola, FL 32505**

2.1 TITLE **S** ☒ Change ☐ Addition
2.2 NAME **COOK, HILLARY JR**
2.3 STREET ADDRESS **2148 W DeLano St**
2.4 CITY-ST-ZIP **Pensacola, FL 32505**

3.1 TITLE **VP** ☒ Change ☐ Addition
3.2 NAME **SCOTT, ROBERT F.**
3.3 STREET ADDRESS **2148 W DeLano St**
3.4 CITY-ST-ZIP **Pensacola, FL 32505**

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

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

6.1 TITLE ☐ Change ☐ Addition
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, with all other like empowered.

SIGNATURE:

Richard A Gilman
RICHARD A Gilman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-16-99 860-438-1458

Date

Daytime Phone #

CR2E037 (11/98)