FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 733300

(8)

WEST PUTNAM POST NO. 10164 VETERANS OF FOREIGN W

FILED						
Feb	18	1998	8:00am			
Se	cre	tary o	f State			



And OF the United States, INC.					
Principal Place	e of Business	Mailing Address		I (ADIII) 10000 11100 11100 HIS SIST DOIS BIRT I BIR	is milist minis (tillis minut shibs
RT. 3. BOX 902 INTERLACHEN FL 32148 RT. 3. BOX 902 INTERLACHEN FL 32148				3. Date Incorporated or Qualified 07/14/1975	
				4. FEI Number	Applied For
				59-6569997	Not Applicable
21 103	4 HWY 20 F1.3214	ht 26 1034 Hwy 20	FATER 2014	5. Certificate of Status Desired	\$8.75 Additional Fee Required
Suite, Apt.		Suite, Apt. #, etc.		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
City & State 23 INTERLACHEN, F1. Zip Country Country Country 26 INTERLACHEN, F1. Zip Country 27 Country 28 J2148 30 PUTNAM 9. Name and Address of Current Registered Agent			7. Is this nonprofit corporation a homeowners association?		
Zip	Country	7ip	Country	8. This corporation owes or has paid the cur	
24 321	48 25 PUTNAM	29 32148	30 PUTNA	Personal Property Tax due June 30.	Yes No
	9. Name and Address of Curren	t Registered Agent		10. Name and Address of New Registered	Agent
	•		81 Name	Guy C. MCFAddi	N
SLOAN,	THOMAS		82 Street A	Address (P.O. Box Number is Not Acceptable)	
RT 4 BO	X 107				
INTERLA	&HEN FL 32148		83	1034 HWY 20	
	•		84 City	Interlachen FL	85 Zip Code 32/48
11. Pursuant	to the provisions of Sections 617.050	2 and 617.1508, Florida Statute	s, the above-named	corporation submits this statement for the purpose of coration's board of directors. I hereby accept the app	changing its registered
agent La	rii farghar with, and accept the obliga	or ribrion Such change was an thoriscol, Section 647.0503, Flor	rida Statutes.	boration's board of directors, meleby accept the app	Olliftmetit as teftistered
SIGNATURE	Aug a m.	Food o	Guy C.1	MCFADDIN 22 I required when reinstaling) DATE	AN 1998
	Stignature, types or printed mack of registered age	of and title II applicable (NOTE		required when reinstating) DATE	
12.	OFFICERS AND	DELETE DELETE	13.	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 12
TITLE	DP	JA DILLEIL	1.1 TITLE	GUY CIMETADDI	Change
NAME	SCOTT, KENNETH E RR 3 BOX 902		1.2 NAME	GUY CLATCHARDI.	~
STREET ADDRESS	INTERLACHEN FL		1.3 STREET ADDRESS	T THER LACHEN, F	1 221110
CITY-ST-ZIP TITLE	D RATERILACHEM FL	DELETE	1.4 CITY-ST-ZIP 2.1 TITLE	TNICR LACHEN, P	Change M Addition
NAME	SHAUL. TOHAMS	JEN OLICEIL	2.2 NAME	COULD MEEADDIN	C change ZZ Mastron
STREET ADDRESS	RR3 BOX 902		2.3 STREET ADDRESS	GUY C. MIFADDIN	
CITY-ST-ZIP	INTERLACHEN FL		2.4 CITY-ST-ZIP	Tutra (A hand El 3)	148
TITLE	VPS	DELETE	3.1 TITLE	INTERLACHENI, FI 132 TORRAS, CARLOS	Change Addition
NAME	TORRAS, CARLOS		3.2 NAME	TORRAS, CARLOS	•
STREET ADDRESS	44 3 BOX 902		3.3 STREET ADDRESS	LUZ KRX HUZ	
CIFY-ST-ZIP	INTERLACHEN FL		34. CITY-ST-ZIP	THERE LAWNEN FL. 2	2148
TITLE	Ť	DELETE	4 1 TITLE	MCKINN ELL, JAMES	Change Addition
NAME	BRUCCOLIERE, MICHAEL		4. 2 NAME	MICKINN ELL, JAMES	•
STREET ADDRESS	RR 3 BOX 902		4.3 STREET ADDRESS	RT 2, BOX 554	
CITY-ST-ZIP	INTERLACHEN FL		4.4 CITY-ST-ZIP	Rt 2, BOX 554 INTERLACHEN, FI 3.	2148
TITLE		DELETE	5.1 TITLE	T	Change Addition
NAME			5.2 NAME	GAGNE, VICTOR T.	
STREET ADDRESS			5.3 STREET ADDRESS	GAGNE, VICTOR T. RT.3 BOX 534	
CITY-ST-ZIP			5.4 CITY - ST - ZIP	INTERLACHEN, Fl. 3.	2148
TITLE		☐ DELETÉ	6.1 TITLE	Tan	Change 🔀 Addition
NAME			6.2 NAMÉ	BRAUN, JOSEPH A. RRIBOX 556K	
STREET ADDRESS			6.3 STREET ADDRESS	KRI BOX 556K	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	INTERLACHEN F1, 3	2148
14. I hereby o	certify that the information supplied wi	th this filing does not qualify for	the exemption state	d in Section 119.07(3)(i), Florida Statutes. I further ce nature shall have the same legal effect as if made un	rtity 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 cath; that I am a 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.

GNATURE:

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GUY C. MCFASSIN 22 JAN98 684-9931