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Feb 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **733300** (8)

1. Corporation Name

WEST PUTNAM POST NO. 10164 VETERANS OF FOREIGN WARS OF THE UNITED STATES, INC.

Principal Place of Business

Mailing Address

RT. 3, BOX 902
INTERLACHEN FL 32148

RT. 3, BOX 902
INTERLACHEN FL 32148

2. Principal Place of Business

Mailing Address

21 **1034 HWY 20 FL 32148**

26 **1034 HWY 20 FL 32148**

Suite, Apt. #, etc

Suite, Apt. #, etc

City & State

City & State

23 **INTERLACHEN, FL.**

28 **INTERLACHEN, FL.**

Zip

Country

Zip

Country

24 **32148**

25 **PUTNAM**

29 **32148**

30 **PUTNAM**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SLOAN, THOMAS
RT 4 BOX 307
INTERLACHEN FL 32148

81 Name

GUY C. MCFADDIN

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

83 **1034 HWY 20**

84 City

Interlachen

FL

85 Zip Code

32148

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

Guy C. McFaddin

GUY C. MCFADDIN

22 JAN 1998

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	DP	☒ DELETE
NAME	SCOTT, KENNETH E	
STREET ADDRESS	RR 3 BOX 902	
CITY-ST-ZIP	INTERLACHEN FL	

1.1 TITLE	BOY QUARTER MASTER	☐ Change ☒ Addition
1.2 NAME	GUY C. MCFADDIN	
1.3 STREET ADDRESS	1034 HWY 20	
1.4 CITY-ST-ZIP	INTERLACHEN, FL 32148	

TITLE	D	☒ DELETE
NAME	SHAUL, THOMAS	
STREET ADDRESS	RR3 BOX 902	
CITY-ST-ZIP	INTERLACHEN FL	

2.1 TITLE	T	☐ Change ☒ Addition
2.2 NAME	GUY C. MCFADDIN	
2.3 STREET ADDRESS	1034 HWY 20	
2.4 CITY-ST-ZIP	INTERLACHEN, FL 32148	

TITLE	VPS	☐ DELETE
NAME	TORRAS, CARLOS	
STREET ADDRESS	44 3 BOX 902	
CITY-ST-ZIP	INTERLACHEN FL	

3.1 TITLE	PD	☒ Change ☐ Addition
3.2 NAME	TORRAS, CARLOS	
3.3 STREET ADDRESS	443 BOX 902	
3.4 CITY-ST-ZIP	INTERLACHEN, FL 32148	

TITLE	T	☒ DELETE
NAME	BRUCCOLI, MICHAEL	
STREET ADDRESS	RR 3 BOX 902	
CITY-ST-ZIP	INTERLACHEN FL	

4.1 TITLE	PD	☐ Change ☒ Addition
4.2 NAME	MCKINNELL, JAMES	
4.3 STREET ADDRESS	RT 2, BOX 554	
4.4 CITY-ST-ZIP	INTERLACHEN, FL 32148	

TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

5.1 TITLE	T	☐ Change ☒ Addition
5.2 NAME	GAGNE, VICTOR T.	
5.3 STREET ADDRESS	RT.3 BOX 534	
5.4 CITY-ST-ZIP	INTERLACHEN, FL 32148	

TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

6.1 TITLE	T	☐ Change ☒ Addition
6.2 NAME	BRAUN, JOSEPH A.	
6.3 STREET ADDRESS	RR2 BOX 556K	
6.4 CITY-ST-ZIP	INTERLACHEN FL 32148	

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: *Guy C. McFaddin* **GUY C. MCFADDIN** **22 JAN 98** **684-9931**

CR2037 (10/97)