

FILE NOW: FILING FEE IS \$61.25

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Feb 26, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 733300					
1. Corporation Name WEST PUTNAM POST NO. 10164 VETERANS OF FOREIGN WARS OF THE UNITED STATES, INC.					
Principal Place of Business 1034 HWY 20 INTERLACHEN FL 32148 US			Mailing Address 1034 HWY 29 20 INTERLACHEN FL 32148 US		

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2. Principal Place of Business		2a. Mailing Address FL 32148		3. Date Incorporated or Qualified 07/14/1975	
21 Suite, Apt. #, etc.		26 1034 HWY 20 Interlachen		4. FEI Number 59-6569997	
22 City & State		27 City & State		5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required	
23 Zip		28 Interlachen FL		6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
24 Country		29 32148		30 Country	
9. Name and Address of Current Registered Agent MCFADDIN, GUY C 1034 HWY 20 INTERLACHEN FL 32148				10. Name and Address of New Registered Agent	
81 Name				82 Street Address (P.O. Box Number is Not Acceptable)	
83				84 City	
				85 Zip Code FL	
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 <i>Guy C. McFaddin</i> GUY C. MCFADDIN QUARTERMASTER 1 Feb 99 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 ☐ DELETE			1.1 TITLE ☐ Change ☐ Addition		
NAME MCFADDIN, GUY C			1.2 NAME		
STREET ADDRESS 1034 HWY 20			1.3 STREET ADDRESS		
CITY-ST-ZIP INTERLACHEN FL 32148			1.4 CITY-ST-ZIP		
TITLE ☒ DELETE			2.1 TITLE ☐ Change ☒ Addition		
NAME D TORRAS, CARLOS			2.2 NAME DAVID RYE		
STREET ADDRESS 443 BOX 902			2.3 STREET ADDRESS 201 KITTY AVE		
CITY-ST-ZIP INTERLACHEN FL 32148			2.4 CITY-ST-ZIP INTERLACHEN, FL. 32148		
TITLE ☐ DELETE			3.1 TITLE ☐ Change ☐ Addition		
NAME VPS TORRAS, CARLOS			3.2 NAME		
STREET ADDRESS 44 3 BOX 902			3.3 STREET ADDRESS		
CITY-ST-ZIP INTERLACHEN FL			3.4 CITY-ST-ZIP		
TITLE ☒ DELETE			4.1 TITLE ☐ Change ☒ Addition		
NAME D MCKINNELL, JAMES			4.2 NAME CHARTIER, DAVID L.		
STREET ADDRESS RT 2, BOX 554			4.3 STREET ADDRESS 1172 N. COUNTY RD 315		
CITY-ST-ZIP INTERLACHEN FL 32148			4.4 CITY-ST-ZIP Melrose, FL. 32666		
TITLE ☐ DELETE			5.1 TITLE ☐ Change ☐ Addition		
NAME T GAGNE, VICTOR J			5.2 NAME		
STREET ADDRESS RT 3, BOX 534			5.3 STREET ADDRESS		
CITY-ST-ZIP INTERLACHEN FL 32148			5.4 CITY-ST-ZIP		
TITLE ☒ DELETE			6.1 TITLE ☐ Change ☒ Addition		
NAME T BRAUN, JOSEPH A			6.2 NAME Piehler, Jimmy L.		
STREET ADDRESS RR 2, BOX 556K			6.3 STREET ADDRESS 103 APACHE AVE		
CITY-ST-ZIP INTERLACHEN FL 32148			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, with all other like empowered.

SIGNATURE: *Guy C. McFaddin* **SIGNATURE REQUIRED** **MCFADDIN** **1 Feb 99** **904-684-9931**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)