


FILE NOW: FILING FEE IS \$61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # 733870 1. Corporation Name TOMMY G. FOSTER - POST NO. 4590, VETERANS OF FOREIGN WARS OF THE UNITED STATES, INC.		
Principal Place of Business 3700 E. ST. RD #2 PLANT CITY FL 33566 US	Mailing Address VFW POST 4590 THOMAS G. FOSTER POST OFFICE BOX 1557 PLANT CITY FL 33514 US	

2. Principal Place of Business 21 Suits, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suits, Apt. #, etc. 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified 09/19/1975 4. FEI Number 59-6209620 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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9. Name and Address of Current Registered Agent POGUE, JAMES E 1111 NO PARK RD PLANT CITY FL 33566	18. 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
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11. Pursuant to the provisions of Sections 617.0502 and 617.1506, 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: *James E. Pogue* DATE: 1-8-99
(NOTE: Registered Agent signature required when relinquishing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE C	SMITH, CHARLES R 405 MIDWOOD DRIVE PLANT CITY FL	1.1 TITLE Commander	Edward J. D. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BENNETT, GEORGE F. 2265 BENNETT ROAD PLANT CITY FL	1.2 NAME	Molitor Edward J.
STREET ADDRESS	SCHOFIELD, OTIS E 152 MOCKINGBIRD HILL PLANT CITY FL	1.3 STREET ADDRESS	806 W. Oakland Hgts Av
CITY-ST-ZIP	ROBINSON, RALPH 108 W. CASON STREET PLANT CITY FL	1.4 CITY-ST-ZIP	Plant City, FL 33566
TITLE	OLSON, ROY E 4224 N. WILDER RD. PLANT CITY FL	2.1 TITLE	Trustee
NAME	MOLITOR, EDWARD J. 806 W. OAKLAND HGTS "A" PLANT CITY FL	2.2 NAME	John Johnson
STREET ADDRESS		2.3 STREET ADDRESS	1101 No. CLARK ST
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Plant City, FL 33566
TITLE		3.1 TITLE	Trustee
NAME		3.2 NAME	Gregory MARRIH
STREET ADDRESS		3.3 STREET ADDRESS	203 Eunice DR
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Plant City, FL 33566
TITLE		4.1 TITLE	Trustee
NAME		4.2 NAME	BART LAURA W.
STREET ADDRESS		4.3 STREET ADDRESS	2210 THOMASSEA RD
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Plant City, FL 33566
TITLE		5.1 TITLE	Trustee
NAME		5.2 NAME	James E. Pogue
STREET ADDRESS		5.3 STREET ADDRESS	1111 No Park Rd
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Plant City, FL 33566
TITLE		6.1 TITLE	
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: *James E. Pogue* SIGNATURE REQUIRED: *James E. Pogue* DATE: 1-8-99 (813) 754-7880
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (11/98)