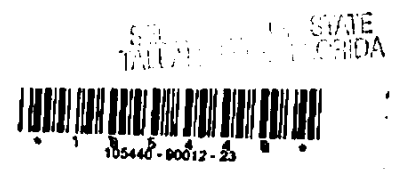


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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 733870 1. Corporation Name <b>TOMMY G. FOSTER - POST NO. 4590, VETERANS OF FOREIGN WARS OF THE UNITED STATES, INC.</b>			
Principal Place of Business 3709 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	2a. Mailing Address	3. Date Incorporated or Qualified
21 Suits, Apt. #, etc.	26 Suits, Apt. #, etc.	09/19/1975
22 City & State	27 City & State	4. FEI Number
23 Zip	28 Zip	59-6209620
24 Country	29 Country	Applied For
		Not Applicable
		5. Certificate of Status Desired
		<input type="checkbox"/> \$8.75 Additional Fee Required
		6. Election Campaign Financing
		<input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent				18. Name and Address of New Registered Agent			
POGUE, JAMES E 1111 NO PARK RD PLANT CITY FL 33566				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City	85 FL	86 Zip Code	

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	1.1 TITLE	Commander
NAME	SMITH, CHARLES R	1.2 NAME	Molitor Edward J.
STREET ADDRESS	405 MIDWOOD DRIVE	1.3 STREET ADDRESS	806 W. OAKLAND HTGS AV
CITY-ST-ZIP	PLANT CITY FL	1.4 CITY-ST-ZIP	Plant City, FL 33566
TITLE	D	2.1 TITLE	Trustee
NAME	BENNETT, GEORGE F.	2.2 NAME	John Johnson
STREET ADDRESS	2265 BENNETT ROAD	2.3 STREET ADDRESS	1101 No. CLARK ST
CITY-ST-ZIP	PLANT CITY FL	2.4 CITY-ST-ZIP	Plant City, FL 33566
TITLE	T	3.1 TITLE	Trustee
NAME	SCHOFIELD, OTIS E	3.2 NAME	Gregory MARRIH
STREET ADDRESS	152 MOCKINGBIRD HILL	3.3 STREET ADDRESS	203 Eunice DR
CITY-ST-ZIP	PLANT CITY FL	3.4 CITY-ST-ZIP	Plant City, FL 33566
TITLE	D	4.1 TITLE	Trustee
NAME	ROBINSON, RALPH	4.2 NAME	BART LAURA W.
STREET ADDRESS	108 W. CASON STREET	4.3 STREET ADDRESS	2210 THOMASSEA RD
CITY-ST-ZIP	PLANT CITY FL	4.4 CITY-ST-ZIP	Plant City, FL 33566
TITLE	D	5.1 TITLE	Trustee
NAME	OLSON, ROY E	5.2 NAME	James E. Pogue
STREET ADDRESS	4224 N. WILDER RD.	5.3 STREET ADDRESS	1111 NO PARK RD
CITY-ST-ZIP	PLANT CITY FL	5.4 CITY-ST-ZIP	Plant City, FL 33566
TITLE	VC	6.1 TITLE	
NAME	MOLITOR, EDWARD J	6.2 NAME	
STREET ADDRESS	806 W OAKLAND HTGS 'A'	6.3 STREET ADDRESS	
CITY-ST-ZIP	PLANT CITY FL	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)