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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **739897**

1. Corporation Name

JOHN E. MEALY MEMORIAL POST 3282, VETERANS OF FO REIGN WARS OF THE UNITED STATES INC.

Principal Place of Business	Mailing Address
5810 AIRPORT RD. PORT ORANGE FL 32124	5810 AIRPORT RD. PORT ORANGE FL 32124

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 08/12/1977	
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-0994190	Applied For Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

PORTH, JOHN F.
30 CYPRESS IN THE WOOD
32119NA BEACH FL 32124

10. Name and Address of New Registered Agent

81 Name

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

83

84 City **FL** 85 Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	C	☐ DELETE	1.1 TITLE	JOHN F. PORTH	☐ Change ☒ Addition
NAME	BARTH, EDWARD J.		1.2 NAME	QUARTERMASTER	
STREET ADDRESS	3662 SACHA WAY		1.3 STREET ADDRESS	30 CYPRESS IN THE WOOD	
CITY-ST-ZIP	PORT ORANGE FL		1.4 CITY-ST-ZIP	DAYTONA BEACH FL. 32119	
TITLE	DT	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	SEWELL, AUDREY S		2.2 NAME		
STREET ADDRESS	109 LAZY FOX LAIR		2.3 STREET ADDRESS		
CITY-ST-ZIP	PORT ORANGE FL		2.4 CITY-ST-ZIP		
TITLE	DA	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	GARDNER , KENNETH C		3.2 NAME		
STREET ADDRESS	903 TIMBERWOOD DR.		3.3 STREET ADDRESS		
CITY-ST-ZIP	PT. ORANGE FL		3.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	PULVER, ROBERT		4.2 NAME		
STREET ADDRESS	718 CASPER AVE		4.3 STREET ADDRESS		
CITY-ST-ZIP	PORT ORANGE FL		4.4 CITY-ST-ZIP		
TITLE	C	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	ZIMMERMAN, ARTHUR		5.2 NAME		
STREET ADDRESS	132 WING FOOR CIR		5.3 STREET ADDRESS		
CITY-ST-ZIP	DAYTONA BEACH FL		5.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	GODBOLD, ROSE		6.2 NAME		
STREET ADDRESS	3942 ORIOLE AVE		6.3 STREET ADDRESS		
CITY-ST-ZIP	DAYTONA BEACH FL		6.4 CITY-ST-ZIP		

CR2E037 (11/98)

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: John F. Porth **SIGNATURE REQUIRED** 1-24-99 904-761-7217
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #