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NONPROFIT CORPORATION ANNUAL REPORT **1999**

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

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DOCUMENT # 741032

1. Corporation Name
KISSIMMEE MEMORIAL POST NO 4225 VETERANS OF FOREIGN WARS OF THE UNITED STATES, INC.

Principal Place of Business
504 S. RANDOLPH STREET
KISSIMMEE FL 34741-6173

Mailing Address
504 S. RANDOLPH STREET
KISSIMMEE FL 34741-6173

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 12/13/1977
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1696392 ☐ 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
TIFFANNY, CHARLES B.
112 BROADWAY
KISSIMMEE FL 32741

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 617.1506, 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 _____
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	VP (DP) ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	HUGHES, BERNARD T.	1.2 NAME	
STREET ADDRESS	2325 HAM BROWN ROAD	1.3 STREET ADDRESS	
CITY-ST-ZIP	KISSIMMEE FL	1.4 CITY-ST-ZIP	
TITLE	PD ☒ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	STEPHENS, WILLIAM R.	2.2 NAME	
STREET ADDRESS	504 RANDOLPH AVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	KISSIMMEE FL	2.4 CITY-ST-ZIP	
TITLE	SD ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	PALMER, TJ	3.2 NAME	
STREET ADDRESS	504 SO. RANDOLPH AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	KISSIMMEEM FL	3.4 CITY-ST-ZIP	
TITLE	DT ☒ DELETE	4.1 TITLE	QUARTERMASTER (DP) ☐ Change ☒ Addition
NAME	HACKLEY, DONALD C	4.2 NAME	HERBERT D. PARFITT (DT)
STREET ADDRESS	550 BITTERWOOD COURT	4.3 STREET ADDRESS	797 COUNTRY WOODS CR.
CITY-ST-ZIP	KISSIMMEE FL	4.4 CITY-ST-ZIP	KISSIMMEE, FL 34744
TITLE	☐ DELETE	5.1 TITLE	SENIOR VICE (DVP) ☐ Change ☒ Addition
NAME		5.2 NAME	LYNN D UTTER
STREET ADDRESS		5.3 STREET ADDRESS	4759 WARRIOR LN
CITY-ST-ZIP		5.4 CITY-ST-ZIP	KISSIMMEE, FL 34741
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
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: HERBERT PARFITT 1-31-99 (407) 348-5945
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)