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Jun 08 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra R. Nuttall Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 743393 (1)

1. Corporation Name
WILLIAM A. GARVEY POST NO. 8203 OF NORTH PORT, FLORIDA, VETERANS OF FOREIGN WARS OF THE UNITED STATES



Principal Place of Business 4880 TROTT CIRCLE P.O. BOX 7154 NORTH PORT FL 34287	Mailing Address 4880 TROTT CIRCLE P.O. BOX 7154 NORTH PORT FL 34287
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3. Date Incorporated or Qualified
06/27/1978

4. FEI Number
59-1918035

Applied For	Not Applicable
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2. Principal Place of Business 21 Suite, Apt. #, etc.	2a. Mailing Address 26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Country
24 Zip	25 Country
29 Zip	30 Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association? Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

**CRUMP, JOHN L.
4497 MARALDO AV.
NORTH PORT FL 34287**

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

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 *John L. Crump* (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	CRUMP, JOHN L.	
STREET ADDRESS	4497 MARALDO AVE	
CITY-ST-ZIP	NORTH PORT FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	CATO, VENIE	
STREET ADDRESS	1980 BISCAYNE BLVD	
CITY-ST-ZIP	NORTH PORT FL 34287	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	HART, BURTON A JR.	
STREET ADDRESS	5821 GARRISON AVE	
CITY-ST-ZIP	NORTH PORT FL	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	CONNELL, EDWARD	
STREET ADDRESS	4420 AVANT CIR	
CITY-ST-ZIP	NORTH PORT FL	
TITLE	F	<input type="checkbox"/> DELETE
NAME	FELLOWS, WILLIAM E	
STREET ADDRESS	8812 LA BOCA AVE.	
CITY-ST-ZIP	NORTH PORT FL 34287	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	HRYCUNA, JOSEPH	
STREET ADDRESS	4907 POCATELLA AVE.	
CITY-ST-ZIP	NORTH PORT FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	SENIOR VICE COMMANDER DUNFEE, CHARLES L.
3.3 STREET ADDRESS	6259 FREMONT ST
3.4 CITY-ST-ZIP	NORTH PORT FL 34287
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	000002553460
4.3 STREET ADDRESS	-06/09/98--01105--003
4.4 CITY-ST-ZIP	**\$61.25
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	JUNIOR VICE COMMANDER HERSBY RAYMOND
6.3 STREET ADDRESS	2439 CARTWRIGHT LANE
6.4 CITY-ST-ZIP	VENICE FL 34286

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.

SIGNATURE *John L. Crump Post Cdr.* 4/20/98 941

CR2E037 (10/97)