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Feb 05 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **745506** (6)

1. Corporation Name

**NORTH MARION POST NO. 8978, VETERANS OF FOREIGN
WARS OF THE UNITED STATES, INC.**



Principal Place of Business	Mailing Address
N.E. 167TH PLACE SUITE 4371 CITRA FL 32113 US	PO BOX 183 CITRA FL 32113 US

3. Date Incorporated or Qualified	01/10/1978
4. FEI Number	59-1836018
Applied For	<input type="checkbox"/>
Not Applicable	<input type="checkbox"/>

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	30 Country

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
7. Is this nonprofit corporation a homeowners association?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	PAID	

9. Name and Address of Current Registered Agent	
CARR, WILBUR S. 16640 NE 45TH TERR. CITRA FL 32113	

10. Name and Address of New Registered Agent	
81 Name	D
82 Street Address (P.O. Box Numbers Not Acceptable)	DONOVAN, HAROLD J 16930 NE 38TH CT
83	
84 City	CITRA
85 Zip Code	FL 32113

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 **HAROLD J DONOVAN** *Harold J. Donovan* DATE **1/22/98**

12. OFFICERS AND DIRECTORS	
TITLE	3 YR T
NAME	CARR, WILBUR S
STREET ADDRESS	16640 NE 45TH TERR
CITY-ST-ZIP	CITRA FL
TITLE	T
NAME	DAVIDSON, STANLEY C
STREET ADDRESS	4173 N.E. 164 STREET
CITY-ST-ZIP	CITRA FL
TITLE	MD
NAME	HEINKEL, BOB
STREET ADDRESS	3191 162ND ST
CITY-ST-ZIP	CITRA FL
TITLE	VC
NAME	HUGHS, WOODROW R
STREET ADDRESS	PO BOX 5 N/A
CITY-ST-ZIP	SPARR FL
TITLE	1 YR T
NAME	WEEKS, NORMAN
STREET ADDRESS	4330 NE 131 lane
CITY-ST-ZIP	CITRA ANTHONY FLA. 32617
TITLE	2yr T
NAME	WICHERT, VINCENT L
STREET ADDRESS	1445 NE 162nd ST
CITY-ST-ZIP	CITRA FLA.

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	P
1.3 STREET ADDRESS	DONOVAN, HAROLD J
1.4 CITY-ST-ZIP	I6930 NE 38th CT CITRA, FLA. 32113
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 type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
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 type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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.

SIGNATURE: *Harold J. Donovan* **Harold J. Donovan** **1/22/98**

CR2E037 (10/97)