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NONPROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # 745506

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

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 Country 25	Zip 29 Country 30

3. Date Incorporated or Qualified: 01/10/1979

4. FEI Number: 59-1836018 ☐ Applied For ☐ Not Applicable

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

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

9. Name and Address of Current Registered Agent

DONOVAN, HAROLD J
16930 NE 38TH CT
CITRA FL 32113

10. Name and Address of New Registered Agent

81 Name: Donovan Harold J.
82 Street Address (P.O. Box Number is Not Acceptable): 16930 NE 38th Ct. P.O. Box 816
83 City: Citra
84 City FL 85 Zip Code 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 DATE: 4/5/99
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	D	☑ DELETE	1.1 TITLE	P D	☑ Change ☐ Addition
NAME	CARR, WILBUR S		1.2 NAME	Harold J Donovan	
STREET ADDRESS	16640 NE 45TH TERR		1.3 STREET ADDRESS	16930 NE 38 Ct PO 816	
CITY-ST-ZIP	CITRA FL		1.4 CITY-ST-ZIP	Citra, FL. 32113	
TITLE	T	☑ DELETE	2.1 TITLE	V.P. D	☑ Change ☐ Addition
NAME	DAVIDSON, STANLEY C		2.2 NAME	Dale Doak	
STREET ADDRESS	4173 N.E. 164 STREET		2.3 STREET ADDRESS	1415 N.E. 164 St.	
CITY-ST-ZIP	CITRA FL		2.4 CITY-ST-ZIP	Citra, FL. 32113	
TITLE	MD	☑ DELETE	3.1 TITLE	V.C. T	☑ Change ☐ Addition
NAME	HEINKEL, BOB		3.2 NAME	Charles Heal	
STREET ADDRESS	3191 162ND ST		3.3 STREET ADDRESS	1424 N.E 169 ST	
CITY-ST-ZIP	CITRA FL		3.4 CITY-ST-ZIP	Citra, FL. 32113	
TITLE	VC	☑ DELETE	4.1 TITLE	T. D	☑ Change ☐ Addition
NAME	HUGHS, WOODROW R		4.2 NAME	John Burns	
STREET ADDRESS	PO BOX 5 N/A		4.3 STREET ADDRESS	2420 N.E 21 Terr.	
CITY-ST-ZIP	SPARR FL		4.4 CITY-ST-ZIP	Ocala, FL. 34470	
TITLE	DT	☑ DELETE	5.1 TITLE	S. T	☑ Change ☐ Addition
NAME	WEEKS, NORMAN		5.2 NAME	Vince Wichert	
STREET ADDRESS	4330 NE 13TH LN		5.3 STREET ADDRESS	1445 N.E 169 St	
CITY-ST-ZIP	ANTHONY FL 32617		5.4 CITY-ST-ZIP	Citra FL. 32113	
TITLE	P	☐ DELETE	6.1 TITLE	Tr. T	☑ Change ☐ Addition
NAME	DONOVAN, HAROLD J		6.2 NAME	Norman Weeks	
STREET ADDRESS	16930 NE 38TH CT		6.3 STREET ADDRESS	4330 N.E. 13th Ln	
CITY-ST-ZIP	CITRA FL 32113		6.4 CITY-ST-ZIP	Anthony FL 32617	

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: Harold J Donovan **SIGNATURE REQUIRED** 4/5/99 (352)-595-8920
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (1/98)