

FILED
Apr 12, 1999 8:00 am
Secretary of State

04-12-1999 90031 033 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 745506

1. Corporation Name

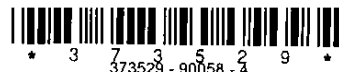
**NORTH MARION POST NO. 8978, VETERANS OF FOREIGN
 WARS OF THE UNITED STATES, INC.**

Principal Place of Business

N.E. 167TH PLACE
 SUITE 4371
 CITRA FL 32113
 US

Mailing Address

PO BOX 183
 CITRA FL 32113
 US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		01/10/1979	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-1836018	
City & State		City & State		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing ☐ \$5.00 May Be Added to Fees	
Zip		Country		Trust Fund Contribution	
24		29		30	

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 **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
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/5/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	P
NAME	CARR, WILBUR S	1.2 NAME	Harold J. Donovan
STREET ADDRESS	16640 NE 45TH TERR	1.3 STREET ADDRESS	16930 NE 38th Ct P.O. 816
CITY-ST-ZIP	CITRA FL	1.4 CITY-ST-ZIP	CITRA, FL. 32113
TITLE	T	2.1 TITLE	V.P.
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	3.1 TITLE	V.C.
NAME	HEINKEL, BOB	3.2 NAME	Charles Heat
STREET ADDRESS	3191 162ND ST	3.3 STREET ADDRESS	1445 N.E. 164th St
CITY-ST-ZIP	CITRA FL	3.4 CITY-ST-ZIP	Citra, FL. 32113
TITLE	VC	4.1 TITLE	T. John Burns
NAME	HUGHES, WOODROW R	4.2 NAME	
STREET ADDRESS	PO BOX 5 N/A	4.3 STREET ADDRESS	2420 N.E. 21th.
CITY-ST-ZIP	SPARR FL	4.4 CITY-ST-ZIP	Ocala, FL. 34470
TITLE	DT	5.1 TITLE	S. Vince W.ichert
NAME	WEEKS, NORMAN	5.2 NAME	
STREET ADDRESS	4330 NE 13TH LN	5.3 STREET ADDRESS	1445 N.E. 164th St
CITY-ST-ZIP	ANTHONY FL 32617	5.4 CITY-ST-ZIP	Citra FL. 32113
TITLE	P	6.1 TITLE	T. Norman Weeks
NAME	DONOVAN, HAROLD J	6.2 NAME	
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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/5/99

(352)-545-8928

Daytime Phone #

CR2E037 (1/198)