FILE NOW: FILING FEE IS $61.25

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00 APR 10 AM 9:01

SECRETARY OF STATE TALLAHASSEE, FLORIDA

0071985

NONPROFIT CORPORATION ANNUAL REPORT

1999

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

DOCUMENT # 746369

1. Corporation Name

SUTHERLAND MEMORIAL POST NO. 1658 VETERANS OF FOREIGN WARS OF THE UNITED STATES, INC.

Principal Place of Business	Mailing Address
1402 18TH STREET P.O. BOX 13 PALM HARBOR FL 34682	1402 18TH STREET P.O. BOX 13 PALM HARBOR FL 34682

[redacted]

03-11-99 94949 031 $61.25

21 2. Principal Place of Business	26 2a. Mailing Address	3. Date Incorporated or Qualified	
		03/21/1979	
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	4. FEI Number 59-1843848	☐ Applied For ☐ Not Applicable
23 City & State	28 City & State	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
24 Zip / Country	29 Zip / 30 Country	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
HARDING, TED 1924 WHISPERING WAY TARPON SPRINGS FL 34689	81 Name: RUSSELL B FERGUSON Q.M. 82 Street Address (P.O. Box Number is Not Acceptable): 83: 914 HARBOR CIR. 84 City: PALM HARBOR FL 85 Zip Code: 34683

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: Russell B Ferguson QUARTER MASTER 3-8-99
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	C	☑ DELETE	1.1 TITLE	C.	☑ Change ☐ Addition
NAME	TOTH, STEVE JR		1.2 NAME	SANTELLA BASIL	
STREET ADDRESS	4256 SAINT LAWRENCE DR		1.3 STREET ADDRESS	7244 LAKE MAGNOLIA DR.	
CITY-ST-ZIP	NEW PORT RICHEY FL 34655		1.4 CITY-ST-ZIP	NEW PORT RICHEY FL.	
TITLE	T	☑ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	HARDING, TED	THIS IS CORRECT RBF	2.2 NAME		
STREET ADDRESS	1924 WHISPERING WAY		2.3 STREET ADDRESS		
CITY-ST-ZIP	TARPON SPRINGS FL 34689		2.4 CITY-ST-ZIP		
TITLE	VD	☑ DELETE	3.1 TITLE	SV	☑ Change ☐ Addition
NAME	CAMARATO, GERALD		3.2 NAME	WELDON TRIVETT	
STREET ADDRESS	3755 BEACH DR SE		3.3 STREET ADDRESS	1413 THAMES	
CITY-ST-ZIP	ST PETERSBURG FL 33705		3.4 CITY-ST-ZIP	CLEARWATER FL	
TITLE	TD	☑ DELETE	4.1 TITLE	Q.M.	☐ Change ☑ Addition
NAME	~~BOMBE, JEAN~~		4.2 NAME	RUSSELL B FERGUSON	
STREET ADDRESS	~~1365 JEFFORDS ST~~	THIS IS ~~NOT~~ CORRECT	4.3 STREET ADDRESS	914 HARBOR CIR	
CITY-ST-ZIP	~~CLEARWATER FL 33756~~		4.4 CITY-ST-ZIP	PALM HARBOR FL 34683	
TITLE	AD	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	TAMBURRO, LOUIS J.		5.2 NAME		
STREET ADDRESS	3177-B CHARTER CLUB DRIVE		5.3 STREET ADDRESS		
CITY-ST-ZIP	TARPON SPRINGS FL		5.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	6.1 TITLE	T	☐ Change ☑ Addition
NAME	~~SEAN SALVUCCI~~		6.2 NAME	SEAN SALVUCCI	
STREET ADDRESS			6.3 STREET ADDRESS	1550 SADDLE CT	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	PALM HARBOR FL 34683	

CR2E037 (11/98)

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.

(727)

SIGNATURE: SIGNATURE REQUIRED Russell B Ferguson Russell B FERGUSON 2-13-99 786-7294
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #