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NONPROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # **747309**

1. Corporation Name

VETERANS OF FOREIGN WARS OF THE UNITED STATES IN C. SHADY HILLS POST NO. 8681

Principal Place of Business	Mailing Address
18940 DRAYTON ST SHADY HILLS FL 34610 US	18940 DRAYTON ST SHADY HILLS FL 34610 US

2. Principal Place of Business (21) — Suite, Apt. #, etc. (22) — City & State (23) — Zip (24) — Country (25)

2a. Mailing Address (26) — Suite, Apt. #, etc. (27) — City & State (28) — Zip (29) — Country (30)

3. Date Incorporated or Qualifed: 05/22/1979

4. FEI Number: 59-1866531 ☐ Applied For ☐ Not Applicable

5. Certifcate 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

BALCH, ROBERT J
17740 NORMANDEAU ST
BROOKSVILLE FL 34610

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 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 _____ DATE
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	PD	☒ DELETE	1.1 TITLE	PD	☐ Change ☐ Addition
NAME	BALCH, ROBERT J		1.2 NAME	ROBERT A. WOODS	
STREET ADDRESS	17740 NORMANDEAU ST		1.3 STREET ADDRESS	17834 DRAYTON ST	
CITY-ST-ZIP	BROOKSVILLE FL 34610		1.4 CITY-ST-ZIP	SPRING HILL FL. 34610	
TITLE	SD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	PLATT, GEORGE J.		2.2 NAME		
STREET ADDRESS	14541 TODO TRAIL		2.3 STREET ADDRESS		
CITY-ST-ZIP	SPRING HILL FL		2.4 CITY-ST-ZIP		
TITLE	VD	☒ DELETE	3.1 TITLE	VD.	☐ Change ☐ Addition
NAME	BECKER, JIMMY		3.2 NAME	JOHN SPORIK	
STREET ADDRESS	18010 NORMANDEAU		3.3 STREET ADDRESS	18143 WINDING OAKS BLVD.	
CITY-ST-ZIP	SPRING HILL FL		3.4. CITY-ST-ZIP	HUDSON FL. 34667	
TITLE	TD	☒ DELETE	4.1 TITLE	T.D.	☐ Change ☐ Addition
NAME	FOGARTY, JOHN F		4.2 NAME	ISADORA CIAGALA	
STREET ADDRESS	15149 WOODCREST RD		4.3 STREET ADDRESS	18724 FLORALTONDA	
CITY-ST-ZIP	SPRING HILL FL 34609		4.4 CITY-ST-ZIP	SPRING HILL FL. 34610	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

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.

SIGNATURE: Is SIGNATURE REQUIRED Isadora Ciagala 1-8-99 727 848 4001 WORK.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #