

FILE NOW: FILING FEE IS \$61.25

FILED

Jan 16 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **749266** (3)

1. Corporation Name

**FLAGLER COUNTY POST NO. 5213, VETERANS OF FOREIGN  
WARS OF THE UNITED STATES**

Principal Place of Business

PO BOX 2075  
BUNNELL FL 32110

Mailing Address

PO BOX 2075  
BUNNELL FL 32110

3. Date Incorporated or Qualified

**10/10/1979**

4. FEI Number

**59-6162521**

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing

**\$5.00** May Be  
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WRIGHT, ROBERT HOWARD, M.D.  
14 ZODIAC PLACE  
PO BOX 2348  
32110-2348**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>ELLIS, GEORGE A</b>	
STREET ADDRESS	<b>159 LEITOLT AVE</b>	
CITY-ST-ZIP	<b>FLAGLER BCH FL</b>	

TITLE	<b>V</b>	<input type="checkbox"/> DELETE
NAME	<b>SHAW, JAMES F.</b>	
STREET ADDRESS	<b>370 LAMBERT AVE.</b>	
CITY-ST-ZIP	<b>FLAGLER BCH. FL</b>	

TITLE	<b>TD</b>	<input type="checkbox"/> DELETE
NAME	<b>WRIGHT, ROBERT HOWARD</b>	
STREET ADDRESS	<b>BOX 2348 N/A</b>	
CITY-ST-ZIP	<b>BUNNELL FL</b>	

TITLE	<b>SD</b>	<input type="checkbox"/> DELETE
NAME	<b>SHEEHAN, JAMES F</b>	
STREET ADDRESS	<b>1802 N. CENTRAL AVE.</b>	
CITY-ST-ZIP	<b>FLAGLER BCH. FL</b>	

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>GREEN, VIRGIL</b>	
STREET ADDRESS	<b>151 BREN MAR LANE</b>	
CITY-ST-ZIP	<b>PALM COAST FL</b>	

TITLE	<b>T</b>	<input type="checkbox"/> DELETE
NAME	<b>WRIGHT, JAMES H.</b>	
STREET ADDRESS	<b>112 BREN MAR LANE</b>	
CITY-ST-ZIP	<b>PALM COAST FL</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>JOSEPH F. KOWALEWY</b>
1.3 STREET ADDRESS	<b>200 N. ANDERSON ST.</b>
1.4 CITY-ST-ZIP	<b>BUNNELL FL 32110-2393</b>

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:

**JOSEPH F. KOWALEWY**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0001911

CR0207 (10/97)