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Mar 19 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Moytham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 751574 (5)

1. Corporation Name

ASTOR POST NO. 9986 VETERANS OF FOREIGN WARS OF  
THE UNITED STATES, INC.

Principal Place of Business

Mailing Address

55620 VETERANS DR.  
P O BOX 141  
ASTOR FL 32102

55620 VETERANS DR.  
P O BOX 141  
ASTOR FL 32102-0141



3. Date Incorporated or Qualified  
03/17/1980

3a. Date of Last Report  
01/25/1996

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

4. FEI Number  
59-1696883

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

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SHULER, DAVID L.  
24120 PANTHER ROAD  
ASTOR FL 32102

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D  
NAME HARTFORD, WAYNE  
STREET ADDRESS P O BOX 351  
CITY-ST-ZIP ASTOR FL

1.1 TITLE D  
1.2 NAME KAIN, IRENE M  
1.3 STREET ADDRESS RD. BOX 253 N/A  
1.4 CITY-ST-ZIP ASTOR FL 32102

TITLE T  
NAME BOWERS, MIKE  
STREET ADDRESS 1940 ALICE DR  
CITY-ST-ZIP ASTOR FL

2.1 TITLE D  
2.2 NAME MR. VICE COMMANDER  
2.3 STREET ADDRESS MIKE BURNETT  
2.4 CITY-ST-ZIP RD. BOX 472 N/A  
ASTOR, FL 32102

TITLE S  
NAME BLAIR, PAUL  
STREET ADDRESS 10000 RIVER RD  
CITY-ST-ZIP ASTOR FL

3.1 TITLE D  
3.2 NAME MR. VICE COMMANDER  
3.3 STREET ADDRESS MOORE, GEORGE W JR  
3.4 CITY-ST-ZIP 25936 CHESTNUT RD  
ASTOR FL 32102

TITLE D  
NAME SHULER, DAVID  
STREET ADDRESS PANTHER RD 24120  
CITY-ST-ZIP ASTOR FL

4.1 TITLE D  
4.2 NAME QUARTER MASTER  
4.3 STREET ADDRESS SHULER, DAVID  
4.4 CITY-ST-ZIP 24120 PANTHER RD  
ASTOR, FL 32102

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

Bank Dep \$61.25

14. I do 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

SIGNATURE David Shuler

12-16-97

1-25-97

3-19

CR2E037 (9/96)