## FILE NOW: FILING FEE IS \$61.25

**NONPROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Morthan

Secretary of State **DIVISION OF CORPORATIONS** 

1998

**DOCUMENT #**1. Corporation Name

(5)

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

**FILED** Mar 31 1998 8:00am Secretary of State



THE SHITED STATES, INC.								- 1					
Principal Place of Business Mailing Address								1101	REFER SAMUL MITTER SAMUL MISTER SA	ali afai alak a	IDII DIDII TIBII D	1017 O1011 1 <b>2</b> 01	
55620 VETIRAN P O BOX 141 ASTOR FL 3210		POI	55620 VETIRANS DR. P O BOX 141 ASTOR FL 32102				3. Date Incorporated or Qualified 03/17/1980						
							4. FEI Nur			<del></del>	oplied For		
2. Principal P	Place of Busine	56	1 2a N	lailing Address				99	<u>-1696883</u>			ot Applicable	
21		26	+				6. Certific	ate of Status Desired			Additional equired		
I Suite Ant	#, etc.		s	Suite, Apt. #, etc.				6. Election Campaign Financing \$5.00 May Be					
22	<u> </u>	27					Trust Fund Contribution Added to Fees						
City & State	e	<del> </del>	City & State				7. Is this nonprofit corporation a homeowners association?						
Zip Country				Zip Country				Yes VNc  8. This corporation owes or has paid the current year Intangible					
24	25		—	29 30		]		Personal Property Tax due June 30.					
9. Name and Address of Curren							10. Name and Address of New Registered Agent						
SHULER, DAVID L. 24120 PANTHER ROAD ASTOR FL 32102						81 Name Er 82 Signal 28		t Hackworth es (FC Box Number Is Not Acceptable)					
THO TOTAL OF THE													
						<sup>84</sup> U∰a ·	till	a		FL		Code 784	
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submitted office or registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of a										e purpose o	of changing if	s registered registered	
agent. I a	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												
SIGNATURE .	printed name of registers	Agent signatur	re required w	U . zhen reinstating:	)	DATE	27	<b>&amp;</b>					
12.		OFFICERS	AND DIRECT	JN9	13.			ADDITIO	NS/CHANGES TO OF	FICERS AN		RS IN 12	
TITLE	DC			DELETE	1.1 TII	CE 🜓 💢					Change	Addition	
NAME	KAIN, IRE P.O. BOX				1.2 NA	™ Tho	mas	M. Bo	ہے۔۔۔۔ wers	) co	NT ST		
STREET ADDRESS	ASTOR F				1.3 ST	reet address	P.0.	<del>Box</del> -	<del>477</del> 5504	1 PAC	3/11 00	'	
CITY-ST-ZIP TITLE	DSC	L JE IVE	<u>.</u>	DELETE	1,4 (-)	17-51-ZIP	- As	tor.	Fla32102 -	<i>NA</i>	Change	Addition	
NAME	BURNEY,	MIKE		₩Z DECETE		ιε <b>)</b> )	SV				Change	ADDITION	
STREET ADDRESS	P.O. BOX				2.2 NA	me Reet address	Ge	orge	W. JR.Moo	re			
CITY-ST-ZIP	ASTOR F					TY-ST-ZIP	23	1936 (	Chestnut R	d.			
TITLE	DJVC			DELETE	3.1 TIT				F1.32102		Change	Addition	
NAME		GEORGE W JR		_	3.2 NA		٧٤						
STREET ADDRESS	23936 CH	ESTNUT RD				REET AODRESS			T. Pollit	z			
CITY-ST-ZIP	ASTOR F	L 32102				TY-ST-ZIP	51	8 Dor	othy Ave.				
TITLE	DPM			DELETE	4.1 T/1	re . D			1111,F1.32	117	Change	Addition	
NAME	Shuler,				4.2 N	- 1	<u>QM</u>					Ì	
STREET ADDRESS		nther ro			4.3 ST	REET ADDRESS			L. Hackwo	rth		j	
CITY-ST-ZIP	ASTOR F	L 32102			4.4 CI	Y-ST-ZIP			<del>⊢1175</del>	NA			
TITLE				□ DELETE	5.1 <b>T</b> IT	LE	Um	atill	a, Fla. 3: CENTRAL	2784	Change	Addition	
NAME					5.2 NA	ME	1 2	84.S,	CENTRAL .	<i>AVe</i>			
STREET ADDRESS					5.3 ST	REET ADDRESS	1						
CITY-ST-ZIP						Y-ST-ZIP	<u> </u>					<del></del>	
TITLE				DELETE	6.1 TIT						Change	Addition	
NAME					6.2 NA								
STREET ADDRESS					1	REET ADDRESS							
CHTY-ST-ZIP					6.4 CI1	Y-ST-ZIP	1						

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.

POBOX 1175

2-16-98 352-669-5482