

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Feb 21, 1999 8:00 am**  
**Secretary of State**

02-21-1999 90038 033 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 751574**

1. Corporation Name  
**ASTOR POST NO. 9986 VETERANS OF FOREIGN WARS OF THE UNITED STATES, INC.**

Principal Place of Business 55620 VETERANS DR. P O BOX 141 ASTOR FL 32102	Mailing Address 55620 VETERANS DR. P O BOX 141 ASTOR FL 32102
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 03/17/1980
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 59-1696883
22. City & State	27. City & State	Applied For Not Applicable
23. Zip	28. Zip	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
24. Country	29. Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>

9. Name and Address of Current Registered Agent  
**HACKWORTH, ERNEST**  
**286 S. CENTRAL AVE.**  
**UMATILLA FL 32784**

10. Name and Address of New Registered Agent

81 Name <i>Gerard R Schott</i>
82 Street Address (P.O. Box Number is Not Acceptable)
83 <i>56317 Hickory Rd</i>
84 City <i>ASTOR</i> FL 85 Zip Code <i>32102</i>

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 D	<del>DELETE</del>	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BOWERS, THOMAS M.		1.2 NAME	
STREET ADDRESS 55521 FRONT ST		1.3 STREET ADDRESS	<i>CHARLES L MAINOR</i>
CITY-ST-ZIP ASTOR FL 32102		1.4 CITY-ST-ZIP	<i>1015 COUNTY CLUB RD PIERSON FLA 32180</i>
TITLE VCD	<del>DELETE</del>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME POLLITZ, AUGUST T.	<i>OK</i>	2.2 NAME	
STREET ADDRESS 518 DOROTHY AVENUE		2.3 STREET ADDRESS	
CITY-ST-ZIP HOLLY HILL-FL-32102		2.4 CITY-ST-ZIP	
TITLE SCD	<del>DELETE</del>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MOORE, GEORGE W JR	<i>OK</i>	3.2 NAME	
STREET ADDRESS 23936 CHESTNUT RD		3.3 STREET ADDRESS	
CITY-ST-ZIP ASTOR FL 32102		3.4 CITY-ST-ZIP	
TITLE DQM	<del>DELETE</del>	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HACKWORTH, ERNEST L.		4.2 NAME	
STREET ADDRESS 286 S. CENTRAL AVE		4.3 STREET ADDRESS	<i>DQM GERARD R SCHOTT</i>
CITY-ST-ZIP UMATILLA FL 32784		4.4 CITY-ST-ZIP	<i>56317 HICKORY RD ASTOR FLA 32102</i>
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE: \_\_\_\_\_ SIGNATURE REQUIRED *Charles L Mainor 1-904-749 0534*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/198)