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Feb 06 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 754221 (0)
 1. Corporation Name
ORMOND BEACH POST 4319 VETERANS OF FOREIGN WARS OF THE UNITED STATES, INC.



Principal Place of Business 7 SUNSET BLVD. ORMOND BEACH FL 32176-3124 US	Mailing Address 7 SUNSET BLVD. ORMOND BEACH FL 32176-3124 US
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3. Date Incorporated or Qualified
09/18/1980

4. FEI Number
23-7256646

Applied For Not Applicable

2. Principal Place of Business 21 GASTON PLACE	2a. Mailing Address 26 P.O. BOX 5073
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 ORMOND BEACH FL	City & State 28 ORMOND BEACH FL
Zip 24 32176	Country 25 UNITED STATES
Zip 29 32175	Country 30 United States

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$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
PAPE, JOHN F
7 SUNSET BLVD
ORMOND BEACH FL 32176

10. Name and Address of New Registered Agent

81 Name **PAUL J DOUGLESS**

82 Street Address (P.O. Box Number is Not Acceptable)

83 **GASTON CIRCLE**

84 City **ORMOND BEACH FL** 85 Zip Code **32174**

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 **PAUL J DOUGLESS QUARTERMASTER** *Paul J Douglass* **1-30-98**
 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 NAME STREET ADDRESS CITY-ST-ZIP	S WHALEN, CHARLES F 126 HILLDALE AVE ORMOND BEACH FL <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FENTZKE, DANIEL A 632 TIMBER CREEK RD ORMOND BCH FL <input checked="" type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	VP KAURELIS CHARLES 154 SALVADOR PLACE ORMOND BEACH FL 32174 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SULLIVAN, TIMOTHY D 17 KATHY DR ORMOND BEACH FL <input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HULSMAN, JOHN H 1209 N BEACH ST ORMOND BEACH FL <input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GAVIN, PATRICK 32 PLAZA DR ORMOND BEACH FL <input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	QT PAPE, JOHN F 7 SUNSET BLVD. ORMOND BEACH FL 32176-3124 <input checked="" type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	QT DOUGLESS, PAUL J GASTON CIRCLE ORMOND BEACH FL 32174 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Paul J Douglass* **SIGNATURE REQUIRED** **1-30-98**

CR2E037 (10/97)