

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Mar 06, 1999 8:00 am  
Secretary of State

03-06-1999 90011 009 \*\*\*\*61.25

0003518

DOCUMENT # 754221

1. Corporation Name

ORMOND BEACH POST 4319 VETERANS OF FOREIGN WARS  
OF THE UNITED STATES, INC.

Principal Place of Business

6 EASTON PLACE  
ORMOND BEACH FL 32176-3124  
US

Mailing Address

P O BOX 5073  
ORMOND BEACH FL 32175  
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

3. Date Incorporated or Qualified

09/18/1980

4. FEI Number

23-7256646

☒ 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

9. Name and Address of Current Registered Agent

DOUGLESS, PAUL J  
6 EASTON CIR  
ORMOND BCH FL 13174

10. Name and Address of New Registered Agent

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 NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

S  
WHALEN, CHARLES F  
126 HILLDALE AVE  
ORMOND BEACH FL

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

VP  
KAURELIS, CHARLES  
154 SALVADOR PL  
ORMOND BCH FL 32174

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

D  
SULLIVAN, TIMOTHY D  
17 KATHY DR  
ORMOND BEACH FL

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

D  
HULSMAN, JOHN H  
1209 N BEACH ST  
ORMOND BEACH FL

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

P  
GAVIN, PATRICK  
32 PLAZA DR  
ORMOND BEACH FL

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

OT  
DOUGLESS, PAUL J  
6 EASTON CIR  
ORMOND BEACH FL 32174

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☒ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

OT  
DOUGLESS, PAUL J  
6 EASTON CIR  
ORMOND BEACH FL 32174

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  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-26-99

Date

904-677-9885

Daytime Phone #

CR2E037 (11/98)