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May 05 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **761287** (2)

1. Corporation Name

SILVER SPRINGS, POST NO. 10111 VETERANS OF FOREIGN WARS OF THE UNITED STATES, INC.

Principal Place of Business

Mailing Address

**5521 NE 35TH ST
PO BOX 421
SILVER SPRGS FL 32668**

**5521 NE 35TH ST
PO BOX 421
SILVER SPRGS FL 34489
US**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BURKE, HOWARD L
12550 SW 43RD ST RD
OCALA FL 34481**

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 **CD** ☒ DELETE
NAME **CARUSO, PELLEGRINO**
STREET ADDRESS **2180 NE 38TH ST**
CITY-ST-ZIP **OCALA FL**

1.1 TITLE **COMMANDER CD** ☒ Change ☐ Addition
1.2 NAME **HITZ, DUANE**
1.3 STREET ADDRESS **5014 W. WOODLAWN ST**
1.4 CITY-ST-ZIP **DUNNELLON, FLORIDA 34433**

TITLE **VD** ☐ DELETE
NAME **LIVELY, GALE**
STREET ADDRESS **RT. 6 BOX 15**
CITY-ST-ZIP **SILVER SPRINGS FL**

2.1 TITLE **VD** ☐ Change ☐ Addition
2.2 NAME **LIVELY GALE**
2.3 STREET ADDRESS **RT. 6 BOX 15**
2.4 CITY-ST-ZIP **SILVER SPRINGS FL**

TITLE **DT** ☐ DELETE
NAME **BURKE, HOWARD L.**
STREET ADDRESS **12550 SW 43RD ST RD**
CITY-ST-ZIP **OCALA FL**

3.1 TITLE **DT** ☐ Change ☐ Addition
3.2 NAME **BURKE HOWARD L**
3.3 STREET ADDRESS **12550 S.W. 43RD ST. RD**
3.4 CITY-ST-ZIP **OCALA, FL.**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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.

SIGNATURE:

Howard L. Burke 4-27-98 1-352-861-0886

CR2E037 (10/97)