

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
Feb 25, 1999 8:00 am
Secretary of State

02-25-1999 90005 038 ****61.25

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DOCUMENT # 762477

1. Corporation Name

**PEACE RIVER POST NO. 2824 VETERANS OF FOREIGN WA
RS OF THE UNITED STATES, INC.**

Principal Place of Business

915 EAST CYPRESS STREET
ARCADIA FL 33821

Mailing Address

PO BOX 207
ARCADIA FL 33821
US



2. Principal Place of Business

21 **930 E. Cypress St.**

2a. Mailing Address

26 Suite, Apt. #, etc.

22 Suite, Apt. #, etc.

27

23 City & State

28 City & State

24 Zip

Country

29 Zip

Country

25

26

30

3. Date Incorporated or Qualified

03/17/1982

4. FEI Number

59-1933865

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

**WIGHT, GEORGE B
P O BOX 295 N/A
930 E CYPRESS ST
FT OGDEN FL 34267**

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 **TD** ☐ DELETE
NAME **SPERRY, ELIOT W**
STREET ADDRESS **1998 NW GOATHILL ST**
CITY-ST-ZIP **ARCADIA FL 24266**

TITLE **D** ☐ DELETE
NAME **KOCHER, RONALD F.**
STREET ADDRESS **1501 SE PLUM DRIVE**
CITY-ST-ZIP **ARCADIA FL**

TITLE **S** ☐ DELETE
NAME **SCHRAMM, WILLIAM R.**
STREET ADDRESS **2692 NE HWY 70 672**
CITY-ST-ZIP **ARCADIA FL**

TITLE **TD** ☐ DELETE
NAME **WIGHT, GEORGE B**
STREET ADDRESS **P O BOX 295 WELLES PARK N/A**
CITY-ST-ZIP **FT OGDEN FL**

TITLE **D** ☐ DELETE
NAME **BEELE, RAYMOND**
STREET ADDRESS **2050 NW RICHARDS AVE**
CITY-ST-ZIP **ARCADIA, FL 33821**

TITLE **DP** ☐ DELETE
NAME **OBERLEY, RUSSELL C**
STREET ADDRESS **5177 NE SANDY RD**
CITY-ST-ZIP **ARCADIA FL 34266**

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

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:

George B. Wight
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

January 4, 1999
Date

494-0544
Daytime Phone #

CR2E037 (1/98)