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NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # 763001

1. Corporation Name

**DONALD A. ROSS POST NO. 9610 VETERANS OF FOREIGN
 GN WARS OF THE UNITED STATES, INC.**

Principal Place of Business

354 TENTH STREET
 LAKE PARK FL 33403

Mailing Address

354 TENTH STREET
 LAKE PARK FL 33403



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

30 Country

3. Date Incorporated or Qualified

04/27/1982

4. FEI Number

NOT APPLICABLE

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

BALDWIN, GEORGE W
330 U.S. HWY 1
LAKE PARK FL 33403

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 PD
 NAME SUTTON, ALLEN W DELETE
 STREET ADDRESS 2612 PEPPERWOOD CIRCLE
 CITY-ST-ZIP NORTH PALM BEACH FL 33408

TITLE VD
 NAME JONDEBOUSKI, JOSEPH S DELETE
 STREET ADDRESS 716 EASTWIND DR
 CITY-ST-ZIP NORTH PALM BEACH FL 33408

TITLE TD
 NAME CULLEN, THOMAS P DELETE
 STREET ADDRESS 9675 16TH PLACE, N
 CITY-ST-ZIP JUPITER FL 33478

TITLE SD
 NAME MCDERMOTT, JOHN T DELETE
 STREET ADDRESS 3223 GARDEMS EAST DR.#3A
 CITY-ST-ZIP PALM BEACH GARDENS FL 33410

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD Change Addition
 1.2 NAME VON DEMBOWSKI, JOSEPH H.
 1.3 STREET ADDRESS 716 EASTWIND DRIVE
 1.4 CITY-ST-ZIP NORTH PALM BEACH FL. 33408

2.1 TITLE VD Change Addition
 2.2 NAME BRENNAN, JOHN J.
 2.3 STREET ADDRESS 9706 SANDY ROAD
 2.4 CITY-ST-ZIP JUPITER, FL 33478

3.1 TITLE TD Change Addition
 3.2 NAME MEARES, DON - ATC, PSA, (RET)
 3.3 STREET ADDRESS 382 LIGHTHOUSE DRIVE
 3.4 CITY-ST-ZIP PALM BEACH GARDENS FL. 33410

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: *Don Meares*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-4-99 (561) 842-9110
 Date Daytime Phone #

CR2E037 (1/98)