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Mar 09 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **763254** (0)

1. Corporation Name

**BARTOW POST NO. 2405, VETERANS OF FOREIGN WARS O  
F THE UNITED STATES, INC.**

Principal Place of Business

Mailing Address

**510 W/ VINE ST.  
BARTOW FL 33830**

**510 W/ VINE ST.  
BARTOW FL 33830**



3. Date Incorporated or Qualified

**05/13/1982**

4. FEI Number

**59-6155206**

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

28

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SELLERS, JAMES B.  
755 W. MCLEOD  
BARTOW FL 33830**

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	DC	<input type="checkbox"/> DELETE
NAME	SELLERS, JAMES B.	
STREET ADDRESS	755 W. MCLEOD	
CITY-ST-ZIP	BARTOW FL	

TITLE	DC	<input checked="" type="checkbox"/> DELETE
NAME	COTTONGIM, EARNEST	
STREET ADDRESS	1005 E. SUMMERLIN ST.	
CITY-ST-ZIP	BARTOW FL	

*RESIGNED*

TITLE	CD	<input type="checkbox"/> DELETE
NAME	FORD, ANDREW, L	
STREET ADDRESS	1805 CAROLINA AVE	
CITY-ST-ZIP	BARTOW FL	

*CHAPELAIN*

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	

2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	COMMANDER
2.3 STREET ADDRESS	DUNAWAY, DUANE A.
2.4 CITY-ST-ZIP	1825 CAROLINA AVE BARTOW, FL. 33830

3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	

4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	

5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	

6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: **JAMES B. SELLERS** *James B. Sellers* **CD-11-17-98** **941-533-6267**

CP2E037 (10/97)