

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 02, 1999 8:00 am
Secretary of State

03-02-1999 90175 010 ****61.25

DOCUMENT # 765406

1. Corporation Name

**MARION OAKS POST NO. 10091 VETERANS OF FOREIGN W
ARS OF THE UNITED STATES, INC.**

Principal Place of Business

294 MARION OAKS LANE
OCALA FL 34473
US

Mailing Address

P.O. BOX 11237
OCALA FL 34473-1237
US

150323 90175 210 3



2. Principal Place of Business

21 294 Marion Oaks Lane
Suite, Apt. #, etc.

22 _____

23 Ocala Florida
City & State

24 34473 25 Marion
Zip Country

2a. Mailing Address

26 P.O. BOX 11237
Suite, Apt. #, etc.

27 _____

28 Ocala Florida
City & State

29 34473 30 Marion
Zip Country

3. Date Incorporated or Qualified

10/14/1982

4. FEI Number

59-1929112

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

BARRETT, JOSEPH S
3593 S.W. 148TH PLACE
OCALA FL 34473

10. Name and Address of New Registered Agent

81 Name FOSTER, MYER

82 Street Address (P.O. Box Number is Not Acceptable)
120 MARION OAKS DR.

83 _____

84 City OCALA

FL

85 Zip Code
34473

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 MYER FOSTER Myer Foster Jan. 20, 1999
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 ☒ DELETE
NAME WASSERMAN, IRWIN
STREET ADDRESS 478 MARION OAKS LANE
CITY-ST-ZIP Ocala FL 34473

TITLE D ☒ DELETE
NAME JASEK, BARNEY F JR
STREET ADDRESS 15122 SW 43RD TERRACE RD
CITY-ST-ZIP Ocala FL

TITLE D ☒ DELETE
NAME KING, WILLIAM C
STREET ADDRESS 303 MARION OAK DR
CITY-ST-ZIP Ocala FL

TITLE D ☒ DELETE
NAME BARRETT, JOSEPH
STREET ADDRESS 3593 SW 148TH PLACE
CITY-ST-ZIP Ocala FL 34473

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 ☐ Change ☒ Addition
1.2 NAME JASEK, BARNEY JR.
1.3 STREET ADDRESS 15122 SW-43RD TERRACE RD
1.4 CITY-ST-ZIP Ocala, FL.

2.1 TITLE ☐ Change ☒ Addition
2.2 NAME KING, WILLIAM C.
2.3 STREET ADDRESS 303 MARION OAKS DR.
2.4 CITY-ST-ZIP Ocala, FL.

3.1 TITLE ☐ Change ☒ Addition
3.2 NAME D'ATTOMA, JOHN A.
3.3 STREET ADDRESS 14090 SW. 32 TERR. RD.
3.4 CITY-ST-ZIP Ocala, FL.

4.1 TITLE ☐ Change ☒ Addition
4.2 NAME D FOSTER, MYER
4.3 STREET ADDRESS 120 MARION OAKS DR.
4.4 CITY-ST-ZIP Ocala, FL.

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:

SIGNATURE REQUIRED

Myer Foster 1/20/99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)