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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 766150

1. Corporation Name

CARL F. FLETCHER POST NO. 4945, VETERANS OF FOREIGN WARS OF THE UNITED STATES, INC.

Principal Place of Business

Mailing Address

OF FOREIGN WARS OF THE UNITED STATES, INC.
231 EAST LAKE AVENUE
AUBURNDALE FL 33823

OF FOREIGN WARS OF THE UNITED STATES, INC.
231 EAST LAKE AVENUE
AUBURNDALE FL 33823



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		12/15/1982	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-6162519	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	
23		28		\$8.75 Additional Fee Required	
Zip		Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
24		29		30	
Country		Country		\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CORBITT, RALPH L
409 ANDERSON DRIVE
AUBURNDALE FL 33823

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	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	CD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SHIELDS, JACK R		1.2 NAME	ROBINSON, BRUCE F	
STREET ADDRESS	119 HAMPTON DR		1.3 STREET ADDRESS	130 YOUNG PLACE	
CITY-ST-ZIP	AUBURNDALE FL 11		1.4 CITY-ST-ZIP	LAKELAND FL 33801	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	QD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	QD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BASS, FLOYD L SR.		2.2 NAME	CORBITT RALPH L	
STREET ADDRESS	203 GROVE RIDGE DRIVE		2.3 STREET ADDRESS	409 ANDERSON DR	
CITY-ST-ZIP	WINTER HAVEN FL		2.4 CITY-ST-ZIP	AUBURNDALE FL 33823	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	ASD	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	ASD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BASS, FLOYD L SR		3.2 NAME	CORBITT RALPH L	
STREET ADDRESS	203 GROVE RIDGE DRIVE		3.3 STREET ADDRESS	409 ANDERSON DR	
CITY-ST-ZIP	WINTER HAVEN FL		3.4 CITY-ST-ZIP	AUBURNDALE FL 33823	
TITLE	SVC	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	SVCCORTS ALTON B	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GEORGE, BOBBY L		4.2 NAME	606 ASH ST.	
STREET ADDRESS	1054 BRENDA LANE		4.3 STREET ADDRESS	AUBURNDALE FL 33823	
CITY-ST-ZIP	AUBURNDALE FL 15		4.4 CITY-ST-ZIP		
TITLE	VCD	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	VCD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RIPOSA, TONY		5.2 NAME	TROTTER MORRIS	
STREET ADDRESS	240 GOLFVIEW DR		5.3 STREET ADDRESS	2250 HWY. 92W	
CITY-ST-ZIP	AUBURNDALE FL 17		5.4 CITY-ST-ZIP	WINTER HAVEN FL 33881	
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			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: *Ralph L. Corbitt* REQUIRED Ralph L. Corbitt 5/3/99 (941) 967-5845
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

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