## **FILE NOW: FILING FEE IS \$61.25**

**NONPROFIT CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

## LEON COUNTY VETERANS OF FOREIGN WARS OF THE UNIT

**FILED** Feb 05 1998 8:00am Secretary of State



EU STATES POST 3308 INC.					
Principal Place of Business Mailing Address				······	
2765 1/2 W. TE PO BOX 3902 TALLAHASSEE		2765 1/2 W. TENN. ST. PO BOX 3902 TALLAHASSEE FL 32315			3. Date Incorporated or Qualified 02/11/1983
TAULHAMOOCE	7L 02313	INCLAMASSEE PL SESIS			4. FEI Number Applied For
					<b>59-6138286</b> Not Applicable
Personal	lage of Business	2a. Mailing Address			5. Certificate of Status Desired S8.75 Additional
21	4	26			Fee Required
Sulte, Apt.		Suite, Apt. #, etc.			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution ☐ Added to Fees
City & State	City & State City & State 28				7. Is this nonprofit corporation a homeowners association?
Žip	Country	Zip	L Cou	ntry	8. This corporation owes or has paid the current year oftengible
24	25	29	30		Personal Property Tax due June 30. Yes Yo
9. Name and Address of Current Registered Agent 81					10. Name and Address of New Registered Agent
				81 Nam	
KAMINSKI, EDWARD J 3057 LAREDO DRIVE				82 Stree	Address (P.O. Box Number is Not Acceptable)
	ASSEE FL 32311		•	83	
			ŀ	84 City	85 Zip Code
					PL
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 ag	ent and title if applicable. (NOT ID DIRECTORS	E: Registered	Agent signatu	ure required when reinstating)  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
12.	CD OFFICERS AN	DELETE	1.1 10	¢.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
NAME	Kaminski, E <b>d</b> ward J	Ditti	1.2 NA		J. J
STREET ADDRESS	\$057 LAREDO DRIVE			NEET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL 32303			Y-ST-ZiP	
TITLE	VCD	DELETE	2.1 TIT		☐ Change ☐ Addition
NAME	ROY, LEON J IV		2.2 NA	ME	
STREET ADDRESS	4125 HENIARD DR Y		2.3 ST	EET ADDRESS	;  ,
CITY-ST-ZIP	TALLAHASSEE FL 32303		2. 4 C)	Y-ST-ZIP	Tom 1
TITLE	D	☐ DELETE	3 1 TIT	.E	Russell Claylon E. X Change Addition Plussell Claylon E. X Change Addition 2908 Pound Dr. Tallahassee, [-]. 323.12
NAME	HADSALL, LAWRENCE R		3.2 NA	<b>M</b> E	Russell
STREET ADDRESS	3989 WOODVILLE HIGHWAY		3.3 ST	ieet address	2908 round Dr. 77/ 2001/9
CITY-ST-ZIP	TALLAHASSEE FL 32311		3.4. CI	Y-ST-ZIP	Tallaha58661 [1.7621]
TITLE		☐ DELETE	4 1 TH	.E	Change Addition
NAME			4. 2 N/	ME	
STREET ADDRESS			4.3 ST	EET ADDRESS	
CITY-ST-ZIP		T DELETE	_	Y-ST-ZIP	Character T Buldition
TITLE		☐ DELETE	5.1 TIT		Change Addition
NAME			5.2 NA		
STREET ADDRESS				EET ADDRESS	
CITY-ST-ZIP		☐ DELETE		Y-ST-ZIP	Change Addition
TITLE		☐ DEFEAT	6.1 TIT		Citalige ASURIUR
NAME			6.2 NA		
STREET ADDRESS				EET ADDRESS	
CITY-ST-ZIP			6.4 CIT	Y-ST-ZIP	1

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.