FILE NOW: FILING FEE IS \$61.25

NONRAOFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 768752

(8)

NEWNANSVILLE POST NUMBER 9229 VETERANS OF FOREIG N WARS OF THE UNITED STATES. INC.

Principal Place of Business Mailing Address					T (BOULL FOR FOR FILE) IN THE COURT OF THE				
P.O. BOX 310 MAIN STREET ALACHUA FL 32615		P.O. BOX 310 Main Street Alachua Fl 32616-0310							
					3. Date Incorporated or Qualifie 06/03/1983		of Last Rep 26/1996	ort	
	Place of Business	2a. Mailing Address			4. FEI Number 59-1905615		Appl	lied For	
Suite, Apt.	# atc	Suite, Apt. #, etc.			59-1900015			Applicable	
22		27			5. Certificate of Status Desired	\$	8.75 Ad Fee Requ		
City & Stat	6	City & State			Election Campaign Financing Trust Fund Contribution		\$5.00 м Added to		
Zip	Country	Ζιρ	Coun	try	8. This corporation has liability f		under s. 1	99.032,	
24	25 Name and Address of Current	29	30			Florida Statutes Yes No 10. Name and Address of New Registered Agent			
9. Name and Address of Current Registered Agent				1 Name		Hegistered Agei	<u>n </u>		
ROSE, B	MERVIN CHIEFF	1 ANGELD") [
130 SE-5	TH AVE	V. MUTERR	8	Street	Address (P.O. Box Number is Not Accep	iable)			
1				13	·				
ALACHU	AFL32615 AKAとHU1	7 FL 32615		4 City		Te.	F Zin Co		
	•	•				FL 89			
11. Pursuant office or r	to the provisions of Sections 617.0502 registered agent, or both, in the State im familiar with, and accept the obliga	and 617.1508, Florida Statut of Florida. Such change was a	es, the abo authorized	ove-named by the cor	d corporation submits this statement for the poration's board of directors. I hereby ac-	purpose of cha cept the appointr	nging its r nent as re	registered gistered	
SIGNATURE	ANGELO J >	· HIEFFI 1	On	2l	Chuff 3	-3-9	<u> </u>		
12.	Signature, typed or printed name of registered ager OFFICERS AND		13.	gent signatu	e required when reinstands) ADDITIONS/CHANGES 10 OF	DATE FICERS AND DIF	RECTORS	IN 12	
TITLE	TC	DELETE	1.1 TITL	 E	7.0017,010,018,110201001		Change	Addition	
NAME	COTHRAN, A. D.		1.2 NAM	E					
STREET ADDRESS	18702 NW 94 AVENUE		1.3 STRE	ET ADDRESS					
CITY+ST-ZIP	ALACHUA FL		1.4 C(TY	-ST-ZIP					
TITLE	TD	☐ DELETE	21 TITU		8714 N.W. MLECTA	, ⊈	Change [Addition	
NAME	CHIEFFI, ANGELO J.		2.2 NAM		3,7,7,7,7,7,7,7,7,7,7,7,7,7,7,7,7,7,7,7	. •			
STREET ADDRESS	RR_1_BOX-979 ALACHUA FL		1	ET ADDRESS	ALACHUA FL. 3341				
CITY-ST-ZIP TITLE	T	DELETE	2. 4 CHY 3.1 TITLE	/-ST-ZIP			Change [Addition	
NAME	ROSE, BOBBY D.		3.2 NAM				ourule [
STREET ADDRESS	130 S.E. 5TH AVENUE			ET ADDRESS					
CITY-ST-ZIP	ALACHUA FL		3.4. CITY	r-ST-ZIP					
TITLE		DELETE	4.1 TITLE				Change [Addition	
NAME			4. 2 NAN	lE .					
STREET ADDRESS			4.3 STRE	ET ADDRESS					
CITY-ST-ZIP		— — — — — — — — — — — — — — — — — — —	4.4 CITY						
TITLE		☐ DELETE	5.1 TITLE				Change [☐ Addition	
NAME OTRECT ADDRESS			5.2 NAM	-					
STREET ADDRESS				ET ADDRESS					
CITY-ST-ZIP TITLE		DELETE	5.4 CITY 6.1 TITLE			~ 	Change [Addition	
NAME			62 NAM				comingio [
STREET ADDRESS				ET ADDRESS					
								1	

14. I do 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.

CR2E037 (9/96

FILED

Feb 11 1997 8:00am

Secretary of State