


FILE NOW: FILING FEE IS \$61.25

FILED  
Jan 21 1998 8:00am  
Secretary of State

|                                                          |                                                                                   |                                                                                                           |
|----------------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|
| NONPROFIT<br>CORPORATION<br>ANNUAL REPORT<br><b>1998</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|----------------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|

DOCUMENT # **768752** (8)

1. Corporation Name

**NEWNANSVILLE POST NUMBER 9229 VETERANS OF FOREIGN  
WARS OF THE UNITED STATES, INC.**

Principal Place of Business

Mailing Address

P.O. BOX 310  
MAIN STREET  
ALACHUA FL 32615

P.O. BOX 310  
MAIN STREET  
ALACHUA FL 32615

3. Date Incorporated or Qualified

**06/03/1983**

4. FEI Number

**59-1905615**

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

**21 SAME**

**26 SAME**

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CHIEFFI, ANGELO J  
8717 NW 176 TERR  
ALACHUA FL 32615**

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

**ANGELO J. CHIEFFI**  
Signature, typed or printed name of registered agent and title if applicable.

*Angelo J. Chieffi*  
(NOTE: Registered agent signature required when reinstating)

**1-1-98**  
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                |                            |                                            |
|----------------|----------------------------|--------------------------------------------|
| TITLE          | TC                         | <input checked="" type="checkbox"/> DELETE |
| NAME           | <b>COTHRAN, A. D.</b>      |                                            |
| STREET ADDRESS | <b>18702 NW 94 AVENUE</b>  |                                            |
| CITY-ST-ZIP    | <b>ALACHUA FL</b>          |                                            |
| TITLE          | TD                         | <input type="checkbox"/> DELETE            |
| NAME           | <b>CHIEFFI, ANGELO J.</b>  |                                            |
| STREET ADDRESS | <b>8717 NW 176 TERR</b>    |                                            |
| CITY-ST-ZIP    | <b>ALACHUA FL</b>          |                                            |
| TITLE          | T                          | <input type="checkbox"/> DELETE            |
| NAME           | <b>ROSE, BOBBY D.</b>      |                                            |
| STREET ADDRESS | <b>130 S.E. 5TH AVENUE</b> |                                            |
| CITY-ST-ZIP    | <b>ALACHUA FL</b>          |                                            |
| 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 checked="" type="checkbox"/> Addition |
| 1.2 NAME           | <b>ALLIGOOD BRUCE H.</b>                                                     |
| 1.3 STREET ADDRESS | <b>16702 WEST CO RD.</b>                                                     |
| 1.4 CITY-ST-ZIP    | <b>ALACHUA FLA 32615</b>                                                     |
| 2.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 2.2 NAME           |                                                                              |
| 2.3 STREET ADDRESS |                                                                              |
| 2.4 CITY-ST-ZIP    |                                                                              |
| 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. I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 647, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **ANGELO J. CHIEFFI**  
*Angelo J. Chieffi* 1-1-98

CR2E037 (10/97)