

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
 AMOUNT DUE ON OR BEFORE 09/15/99: \$81.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

**NONPROFIT CORPORATION ANNUAL REPORT 1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

FILED  
 99 DEC 17 PM 3:40  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

**DOCUMENT # 771308**

1. Corporation Name  
**JOHN C. GAINOUS POST NO. 10069 VETERANS OF FOREIGN WARS OF THE UNITED STATES, INC.**

Principal Place of Business  
 1774 TROUT AVE  
 HIGHLAND VIEW  
 PORT ST. JOE FL 32456  
 US

Mailing Address  
 P O BOX 527  
 PORT ST. JOE FL 32457  
 US



21. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
22. Suite, Apt. #, etc.	2b. 1774 TROUT AVE	11/17/1983
23. City & State	27. Suite, Apt. #, etc.	4. FEI Number
PORT ST. JOE	28. PORT ST. JOE, FL	59-1863143
24. Zip	29. 32456	Applied For
25. Country	30. U.S.A.	Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>
		\$8.75 Additional Fee Required
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>
		\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
SCHLICKMAN, WILLIAM R. 509 THIRD STREET PORT ST. JOE FL 32456	81. Name JACK R.A. HANSON 82. Street Address (P.O. Box Number is Not Acceptable) 127 HUNTER CIRCLE 83. 84. City PORT ST. JOE FL 85. Zip Code 32456

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 JACK R.A. HANSON Jack R.A. Hanson DATE 13 DEC 1999

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	SERVICE COMMANDER <input type="checkbox"/> Change
NAME	SCHLICKMAN, WILLIAM R	1.2 NAME	JACK R.A. HANSON
STREET ADDRESS	509 THIRD ST	1.3 STREET ADDRESS	127 HUNTER CIRCLE
CITY-ST-ZIP	PORT ST. JOE FL	1.4 CITY-ST-ZIP	PORT ST. JOE FL 32456
TITLE	SVD <input type="checkbox"/> DELETE	2.1 TITLE	*****61.50 <input type="checkbox"/> *****61.50
NAME	SEEFELDT, ROCHARD S.	2.2 NAME	
STREET ADDRESS	P.O. BOX 13609 NA	2.3 STREET ADDRESS	
CITY-ST-ZIP	MEXICO BEACH FL	2.4 CITY-ST-ZIP	
TITLE	GMD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/>
NAME	PAUL, HARRY L	3.2 NAME	600003082646--9
STREET ADDRESS	183 S. SEMINOLE STREET	3.3 STREET ADDRESS	-12/29/99--01025--001
CITY-ST-ZIP	PORT ST. JOE FL	3.4 CITY-ST-ZIP	*****61.50 *****61.50
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/>
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/>
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/>
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: JACK R.A. HANSON JACK R.A. HANSON 13 DEC 1999 850-227-391

Dear Sirs,

12/13/99

In regards to this late filing. The 2<sup>nd</sup> notice was mailed to our old P.O. Box number which is no longer used, also our original registered agent is deceased as of Summer of 1999. and we have changed the registered agent as per your instructions.

Hoping you will waive the penalty involved.

Thank you.

Jack R. A. Hanson

P.S. We just received this 2<sup>nd</sup> notice this past week