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PROFIT CORPORATION ANNUAL REPORT

1997

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Principal Place of Business



FLORIDA DEPARTMENT OF STATE

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Jan 27 1997 8:00am

Secretary of State

816-756-3390

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # 839157

(5)

Mailing Address

VETERANS OF FOREIGN WARS OF THE UNITED STATES

| 406 W. 34TH ST. KANSAS CITY MO 64111 US | | 406 W. 34TH ST. Kansas City Mo 64111-2721 US | | | | | | |
|---|---|--|--|--|--|------------|--------------------------------|-------------------|
| | | | | | Date Incorporated or Qualified 09/24/1936 | 1 | te of Last R)9/1996 | eport |
| 2. Principal P | Place of Business | 2a. Mailing Address | | | 4. FEI Number | | | oplied For |
| 21 | | 26 | | | 44-0474291 | | No | ot Applicable |
| Suite, Apt. #, etc. 2 | | Suite, Apt. #. etc. | | 5. Certificate of Status Desired | \$8.75 Additional Fee Required | | | |
| City & Stat | 16 | City & State | | | Election Campaign Financing Trust Fund Contribution | | | May Be to Fees |
| Zip 24 | Country 25 | 7ip 29 | Cour 30 | ntry | 8. This corporation has liability for in Florida Statutes | | tax under s | . 199.032, |
| | 9. Name and Address of Currer | t Registered Agent | | | 10. Name and Address of New Re | gistered / | Agent | |
| KIR | Sop, William R | | | 81 Name | | | | |
| 543 | N.E. SANCHEZ AVENUE | | B2 Street | | Address (P.O. Box Number is Not Acceptable) | | | |
| OCA | ALA FL 34470 | | | 83 | | ···· | | |
| | | | | 84 City | | | 85 Zip | Code |
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| office or r | to the provisions of Sections 607.058 registered agent, or both, in the State am fairmar with, and accept the obilg | of Florida. Such change was | authorized | by the corpora | poration submits this statement for the p tion's board of directors. I hereby accep | ot the app | cnanging i ointment as | registered |
| SIGNATURE | Signature, typied or printed name of registered age | int a id trie if applicable (NO | TE. Registered | l Agent signature requ | | DATE | | - |
| 12. | OFFICERS AN | | 13. | | ADDITIONS/CHANGES TO OFFIC | ERS AND | | |
| TULE | SD | ☐ DELETE | 1.1 TIT | LE | | | Change | Addition |
| NAME | RIVERS, LARRY W | | 1.2 NA | ME | | | | |
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| 011Y-ST 20F | KANSAS CITY MO 64111 | | _ | TY-ST-ZIP | | | P=1 _: | |
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| NAME | RIDGELY, JOE L | | 2.2 NA | | | | | |
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