

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1999 Corporation  
Annual Report  
(Non-Profit)

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

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 839157

1. Corporation Name

VETERANS OF FOREIGN WARS OF THE UNITED STATES

Principal Place of Business

406 W. 34TH ST.  
KANSAS CITY MO 64111  
US

Mailing Address

406 W. 34TH ST.  
KANSAS CITY MO 64111  
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

09/24/1936

5. FEI Number

44-0474291

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Annual Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
SD	<del>RIVERS, LARRY W.</del> Senk, John J., Jr.	406 WEST 34TH STREET	KANSAS CITY MO 64111
TD	RIDGELY, JOE L	406 WEST 34TH STREET	KANSAS CITY MO 64111
PD	<del>SPERA, PAUL A.</del> Smart, John W.	406 WEST 34TH STREET	KANSAS CITY MO

8. Name and Address of Current Registered Agent

KIRSOP, WILLIAM R  
543 N.E. SANCHEZ AVENUE  
OCALA FL 34470

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

200003067212--3

12/13/99 61.25  
61.25

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0605, F.S.

Signature of  
Registered Agent

*W. R. Kirsop*

REGISTERED AGENT MUST SIGN

Date

11/1/99

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/21/99 (816) 756-3390

Date

Daytime Phone #