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02-23-1999 90086 042 ****61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # N05449

1. Corporation Name

MAJOR WALTER W. PRICE POST 9697, VETERANS OF FOR
EIGN WARS OF THE UNITED STATES, INC.

Principal Place of Business

5484 GRIFFIN ROAD
DAVIE FL 33314

Mailing Address

5484 GRIFFIN ROAD
DAVIE FL 33314

* 1 8 3 2 2 8 4 9 0 0 8 6 . 4 2 *



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

10/02/1984

4. FEI Number

59-2431049

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

FARRELL, THOMAS
2900 SW 81ST TERR
DAVIE FL 33328

10. Name and Address of New Registered Agent

81

Name

82

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

83

84

City

THOMAS J. FARRELL

2900 SW 81ST TERR

DAVIE

FL

85

Zip Code

33328

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

Thomas J. Farrell

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-10-99

12. OFFICERS AND DIRECTORS

TITLE STD ☒ DELETE

NAME WHEELER, RICHARD D
STREET ADDRESS 4199 S.W. 67TH VAE, #105C
CITY-ST-ZIP DAVIE FL 33314

TITLE PD ☐ DELETE

NAME PRATA, ROBERT
STREET ADDRESS 4167 S.W. 87TH TERRACE
CITY-ST-ZIP DAVIE FL

TITLE VD ☒ DELETE

NAME BRYK, TOM
STREET ADDRESS 12850 SR 84 5-16
CITY-ST-ZIP FT LAUDERDALE FL

TITLE D ☒ DELETE

NAME HERBERT, RONALD
STREET ADDRESS 8731 SW 21ST CT
CITY-ST-ZIP FT LAUDERDALE FL

TITLE ☒ DELETE

NAME CUNNINGHAM, ROBERT A
STREET ADDRESS 1846 S.W. 28TH AVE
CITY-ST-ZIP FT LAUDERDALE FL 33312

TITLE ☐ DELETE

NAME MR CLONG, WILBER L.
STREET ADDRESS 3671 RIVERLAND RD
CITY-ST-ZIP FT LAUDERDALE FL 33312

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE TRAX, JOHN, J. ☐ Change ☒ Addition

1.2 NAME
1.3 STREET ADDRESS 2401 S.W. 42ND AVE
1.4 CITY-ST-ZIP FT LAUDERDALE FL 33317

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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; 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:

SIGNATURE REQUIRED *Thomas J. Farrell* 1-11-99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

954-593-3330

CR2E037 (1/98)

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