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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

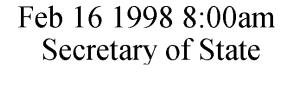
Secretary of State
DIVISION OF CORPORATIONS

1998

DOCUMENT # N09012

(8)

MASSEY-PETREY, POST NO. 4285 VETERANS OF FOREIGN WARS OF THE UNITED STATES, INC.



2-10-98

FILED

WARS OF THE UNITED STATES, INC.									
Principal Place of Business Mailing Address							IBAN BANDA DIN	JII DADII	
1001 INGRAHA HAINES CITY F		P.O. BOX 2204 Haines City FL 33844-9218				Date Incorporated or Qualified 04/30/1985			
						4. FEI Number		App	lied For
						NOT APPLICABLE			Applicable
2. Principal Place of Business 2a. Mailing Addres			· · · · · · · · · · · · · · · · · · ·				\$8.7	'	Iditional
21		26	26			5. Certificate of Status Desired		Requ	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			6. Election Campaign Financing	\$5.0		
22		27				Trust Fund Contribution		d to F	
City & State	e	City & State	ly & State			7. Is this nonprofit corporation a homeowners association?			
23	Country	28	Zip Country				∐ No		
Zip	<u> </u>	Zip	_	У		8. This corporation owes or has paid the cu			
24	25 29 39 39 Name and Address of Current Registered Agent					Personal Property Tax due June 30. 10. Name and Address of New Registered	Yes		NO
	5, Hallie and Hadres of Cutton	it riegistered Agent	81	11 1	Name	10. Hamb and Address of Now Registered	VAGILL		
MEN IAMAN	OC CHARLES D		Ĺ						
JENNINGS, CHARLES R. 2308 MASON AVENUE			82	2] 3	Street Addres	ss (P.O. Box Number is Not Acceptable)			
	CITY FL 33844		83	s -			-		
1001120	011112 00011		<u> </u>	L					
			84	' '	City	Fi	85 Z	Zip Co	xde
11. Pursuant	to the provisions of Sections 617,050	2 and 617.1508, Florida Statutes	s, the abov	ve-r	named corpo	ration submits this statement for the purpose	changir	ng Its i	registered
office or r	'egistered agent, or both, in the State im familiar with, and accept the oblig	i of Florida. Such change was au ations of, Section 617,0503. Flori	ithorized b ida Statute	oy th os.	ne corporation	ration submits this statement for the purpose on's board of directors. I hereby accept the ap	pointment	as re	gistered
SIGNATURE									+
SIGNATORE .	Signature, typed or printed name of registered age	ent and title if applicable. (NOTE:	Registered Ag	gent :	signature required	when reinstating) DATE			
12.	OFFICERS AN	ID DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AN			
TITLE	T	☐ DELETE	1.1 TITLE				Chan	ge I	Addition
NAME	THOMPSON, KENNETH C.			1.2 NAME					
STREET ADDRESS	405 NANCY DR			1.3 STREET ADDRESS					
CITY-ST-ZIP	HAINES CITY FL	The section of the se	1.4 CITY-		ZIP		TT Obes		Addition
TITLE NAME	T DELETE			2.1 TITLE			☐ Chan	ne i	Addition
[BACON, HAROLD L		2.2 NAME						
STREET ADDRESS	904 S 15TH ST		2.3 STREET ADDRESS		- 1				
CITY-ST-ZIP TITLE	HAINES CITY FL DELETE			2.4 CITY+ST-ZIP 3.1 TITLE			☐ Chan	7.0	Addition
NAME	JENNINGS, CHARLES R.							go i	Addition
STREET ADDRESS	2308 MASON AVE.		3.2 NAME 3.3 STREET ADDRESS		IDBESS				
CITY-ST-ZIP	HAINES CITY FL		3.4. CITY-ST-						
TITLE			4.1 TITLE			···	Chang	ge	Addition
NAME	CAMPBELL, GEORGE		4. 2 NAME	Ē				•	_
STREET ADDRESS	40 FERN CRESCENT DR.		4.3 STREE	T AD	DRESS				
CITY-ST-ZIP	DAVENPORT FL 33837		4.4 CITY		ZIP				
TITLE		DELETE	5.1 TITLE				Chang	Qe	Addition
NAME			5.2 NAME						
STREET ADDRESS			5.9 STREE	T AD	IDRESS				
CITY-ST-ZIP			5.4 CITY-	ST - 2	ZIP				
TITLE		☐ DELETE	6.1 TITLE				Chang	ge	Addition
NAME			6.2 NAME						
STREET ADDRESS			6.3 STREE	T AD	ORESS				
CITY-S1-ZIP			6.4 CITY -	ST-7	ZIP				
14. I hereby of indicated	certify that the information supplied won this annual report or suppliements	ith this filing does not qualify for all annual report is true and accur	the exemp	otio	n stated in Se my signature	ection 119.07(3)(i), Florida Statutes. I further o shall have the same legal effect as if made u	ertify that	the in	formation
officer or o	director of the corporation or the rector Block 13 if changed, or on an atta	eiver or trustee empowered to ex	ecute this	rep	oort as requir	red by Chapter 617, Florida Statutes; and that	my name	appe	ars in