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Feb 02 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N12207** (9)

1. Corporation Name

BRANDON POST 4340, VETERANS OF FOREIGN WARS OF THE UNITED STATES, INC.

Principal Place of Business

Mailing Address

**409 NORTH MOON AVENUE
BRANDON FL 33510**

**409 NORTH MOON AVENUE
BRANDON FL 33510**

3. Date Incorporated or Qualified

11/27/1985

4. FEI Number

59-6162507

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 115 W CLAY ST.

26 115 W. CLAY ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

23 BRANDON FL

28 BRANDON FL

24 33510

Country

29 33510

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WEAVER, RICHARD H
1801 TAMERLANE PLACE
BRANDON FL 33510**

81 Name

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

83

84 City

FL

85 Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE
NAME HAYES, WILLIAM A
STREET ADDRESS 4409 LOMA VISTA DR.
CITY-ST-ZIP VALRICO FL 33594

1.1 TITLE **D** ☐ Change ☒ Addition
1.2 NAME **URGO, JOSEPH S**
1.3 STREET ADDRESS **501 FINGER LAKES PLACE**
1.4 CITY-ST-ZIP **SEFFNER, FL 33584-4163**

TITLE D ☒ DELETE
NAME GOODSPEED, GEORGE W
STREET ADDRESS 3511 WESTFIELD DR.
CITY-ST-ZIP BRANDON FL 33511

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE T ☐ DELETE
NAME HARTMANN, NORBERT A
STREET ADDRESS 1709 SANDERLING COURT
CITY-ST-ZIP BRANDON FL 33511

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME WEAVER, RICHARD H
STREET ADDRESS 1801 TAMERLANE PL
CITY-ST-ZIP BRANDON FL 33510

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
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.

SIGNATURE: **Richard H. Weaver**

Signature Required

1-16-98 813-689-3773

CR2E087 (10/97)