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Feb 19, 1999 8:00am  
Secretary of State

02-19-1999 90047 038 \*\*\*\*\*70.00

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

DOCUMENT # N14633

1. Corporation Name

AMERICAN VETERANS OF WORLD WAR II, KOREA, AND VI  
ETNAM, POST 35, INC.

Principal Place of Business

105 JOHN KING RD.  
C/O JESSE D. WAY  
CRESTVIEW FL 32539-8906  
US

Mailing Address

105 JOHN KING RD.  
C/O JESSE D. WAY  
CRESTVIEW FL 32539-8906  
US

75464 90047 38



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

04/29/1986

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

Applied For

59-2863189

Not Applicable

22

27

City & State

City & State

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

23

28

Zip

Country

Zip

Country

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WAY, JESSE D.  
105 JOHN KING RD.  
CRESTVIEW FL 32539

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  
NAME PD  
HOON, BRUSE  
STREET ADDRESS 109 NORTH AVENUE EAST  
CITY-ST-ZIP CRESTVIEW FL

☐ DELETE

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME VD  
MAY, BOBBY R.  
STREET ADDRESS 4045 PAINTER BRANCH ROAD  
CITY-ST-ZIP CRESTVIEW FL 57

☐ DELETE

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

☐ Change ☐ Addition

TITLE  
NAME D  
STILES, CLAUDE E.  
STREET ADDRESS 3440 MELISSA LANE  
CITY-ST-ZIP CRESTVIEW FL 07

☐ DELETE

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

☐ Change ☐ Addition

TITLE  
NAME T  
WAY, JESSE D.  
STREET ADDRESS 1217 VALLEY ROAD  
CITY-ST-ZIP CRESTVIEW FL 07

☐ DELETE

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

☐ Change ☐ Addition

TITLE  
NAME D  
BOWMAN, FRED C.  
STREET ADDRESS 2904 APLIN RD  
CITY-ST-ZIP CRESTVIEW FL 06

☐ DELETE

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

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WAY 306 99 8506785/86  
Date Daytime Phone #

CR2E037 (11/98)