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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



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

DOCUMENT # N14872

1. Corporation Name

**FORT PIERCE WESTSIDE POST NO. 8058 VETERANS OF F
OREIGN WARS OF THE UNITED STATES, INC.**

Principal Place of Business

**%PETER CAMACHO
3475 DOUGLAS RD
FORT PIERCE FL 34951
US**

Mailing Address

**%PETER CAMACHO
PO BOX 1765
FORT PIERCE FL 34954
US**



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

05/12/1986

4. FEI Number

59-2311743

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

**CAMACHO, PETER
13501 OKEECHOBEE ROAD
FORT PIERCE FL 34945**

10. Name and Address of New Registered Agent

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

TITLE VP ☒ DELETE

NAME **DILL, HARRY A**
STREET ADDRESS **3 OCTAVIO**
CITY-ST-ZIP **FT. PIERCE FL**

TITLE S ☒ DELETE

NAME **DIEHL, HENRY T**
STREET ADDRESS **75 CALLE DELAGOS**
CITY-ST-ZIP **FT. PIERCE FL**

TITLE T ☐ DELETE

NAME **CAMACHO, PETER**
STREET ADDRESS **13501 OKEECHOBEE ROAD**
CITY-ST-ZIP **FORT PIERCE FL**

TITLE D ☐ DELETE

NAME **KOTSCHI, ROBERT**
STREET ADDRESS **K-6 PLANTATION BLVD**
CITY-ST-ZIP **FT. PIERCE FL**

TITLE D ☐ DELETE

NAME **BEAGLE, PAUL**
STREET ADDRESS **933 SW BAY STATE ROAD**
CITY-ST-ZIP **PORT ST LUCIE FL 34953**

TITLE PD ☐ DELETE

NAME **SCHWARTZ, RICHARD**
STREET ADDRESS **207 E ARBOR AVENUE**
CITY-ST-ZIP **PORT ST. LUCIE FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE **PD** ☒ Change ☐ Addition

12 NAME **DIEHL HENRY T**
13 STREET ADDRESS **75 CALLE DELAGOS**
14 CITY-ST-ZIP **FT PIERCE FLA 34954**

21 TITLE **VP** ☐ Change ☒ Addition

22 NAME **AMAR HARRY**
23 STREET ADDRESS **1046 TRINADE AVE**
24 CITY-ST-ZIP **FT. PIERCE FLA 34954**

31 TITLE ☐ Change ☒ Addition

32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP **34954**

41 TITLE ☐ Change ☒ Addition

42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP **34954**

51 TITLE ☐ Change ☐ Addition

52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP **34954**

61 TITLE **S-D** ☒ Change ☐ Addition

62 NAME **SCHWARTZ RICHARD**
63 STREET ADDRESS **207 E ARBOR AVE**
64 CITY-ST-ZIP **PORT ST LUCIE FLA 34954**

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:

PETER CAMACHO

SIGNATURE REQUIRED

MAR. 4, 1999 561-464-1830

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)