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Jan 27 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # N25792 (5)		
1. Corporation Name POST NAME ROLLING GREENS POST NO. 2009 VETERANS OF FOREIGN WARS OF THE UNITED STATES, INC.		

Principal Place of Business P.O. BOX 1973 ROLLING GREENS, EAST GLENEAGLES SILVER SPRINGS FL 34489 US	Mailing Address P.O. BOX 1973 ROLLING GREENS, EAST GLENEAGLES SILVER SPRINGS FL 34489 US
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent UNGER, QUENTIN 6016 TORREY PINES DR OCALA FL 34472	10. Name and Address of New Registered Agent 81 Name RICHARD JEFFERY 82 Street Address (P.O. Box Number is Not Acceptable) 2335 PEBBLE BEACH Rd. 83 84 City OCALA FL 85 Zip Code 34472
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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 **RICHARD JEFFERY** *Richard Jeffery* 1-13-98
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 NAME STREET ADDRESS CITY - ST - ZIP	D AVERY, BILLY W. 2342 PEBBLE BEACH ROAD OCALA FL <input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D RUYSBROEK, JOHN 6512 D LAKEWOOD DR. OCALA FL <input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D RUSS STRINGER 13950 NE 46TH ST. SILVER SPRINGS FL <input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BUD HILGENBERT 205 B EAST GLENEAGLES OCALA FL <input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition MICHAEL G. MADIGAN 1735 INDIAN WELLS AVE OCALA FL 34472
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition RICHARD JEFFERY 2335 PEBBLE BEACH Rd. OCALA FL 34472
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition DONALD DELANEY 1797 CYPRESS POINT Rd. OCALA FL 34472
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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, 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 to this report.

SIGNATURE: **MICHAEL G. MADIGAN** *Michael G. Madigan* 1/14/98 352-624-1593
Post QUARTERMASTER

CR2E037 (10/97)