FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999

CHMENT # NOS

Principal Place of Business	Mailing Address
P.O. BOX 1973	P.O. BOX 1973
ROLLING GREENS. EAST GLENEAGLES	ROLLING GREENS. EAST GLENEAGLES
SILVER SPRINGS FL 34489	SILVER SPRINGS FL 34489
US	US

FILED Mar 02, 1999 8:00 am § Secretary of State

03-02-1999 90126 009 ****61.25

1. Corporation	VIEN I # INZO/9Z				
POST NAME ROLLING GREENS POST NO. 2009 VETERANS OF FOREIGN WARS OF THE UNITED STATES, INC.				ر	
Principal Place of Business Mailing Address					
P.O. BOX 1973 ROLLING GREE SILVER SPRING US	ens. East Gleneagles	P.O. BOX 1973 ROLLING GREENS, EAST GL SILVER SPRINGS FL 34489 US	.ENEAGLES		
2. Principal Pl	ace of Business	2a. Mailing Address		3. Date Incorporated or Qualifed 04/06/1988	
Suite, Apt. i	#, etc.	Suite, Apt. #, etc.	· · · · · · · · · · · · · · · · · · ·	4. FEI Number Applied	
22		27			plicable
City & State	9	City & State		5. Certifcate of Status Desired	
Zíp	Country 25	Zip 29 30	Country	6. Election Campaign Financing Trust Fund Contribution S5.00 May Added to Fe	
24	9. Name and Address of Current	1-:1	<u> </u>	10. Name and Address of New Registered Agent	
- JEFFERY, - 2335 PEB - OCALA FL		Y DOWALD YPRESS POINT RO FL 34472	81 Name- 82 Street / 83 84 City	DONALD DELANEY Address (P.O. Box Number is Not Acceptable) 1797 CYPRESS FOINT Rd.	
			0.1,	OCALA FL 344	72
11. Pursuant to office or reagent. I as	to the provisions of Sections 617.0502 egistered agent, or both. The State of m familial with, and accept the obligation	and 617.1808, Florida Statutes Florida, Such change was authons of, Section 617.0503, Florid		corporation submits this statement for the purpose of changing its regionation's board of directors. I hereby accept the appointment as register	stered red
SIGNATURE	Signature, typed or printed name of registered egent	and title if another the MOTE: Re	DONALD egistered Agent signature re	DELANEY /-25-1999 poured when reinstating) DATE	 [
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	N 12
		DIRECTORS /			
TITLE	D	DELETE DELETE	1.1 TITLE	☐ Change	Addition
TITLE NAME	D		1.1 TITLE 1.2 NAME	☐ Change [] Addition
NAME				☐ Change ☐	Addition
NAME STREET ADDRESS	D Madigan, Michael G		1.2 NAME	_ Change _ [Addition
NAME	D Madigan, Michael G 1735 Indian Wells ave		1.2 NAME 1.3 STREET ADDRESS	·	Addition Addition
NAME STREET ADDRESS CITY-ST-ZIP	D MADIGAN, MICHAEL G 1735 INDIAN WELLS AVE OCALA FL 34472	DELETE	1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP		
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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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE: