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NONPROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # N27330

1. Corporation Name

WILDWOOD POST NO. 4910 VETERANS OF FOREIGN WARS OF THE UNITED STATES, INC.

Principal Place of Business

Mailing Address

POST OFFICE BOX 532
WILDWOOD FL 34785

POST OFFICE BOX 532
WILDWOOD FL 34785



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

07/08/1988

22 City & State

27 City & State

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

23 Zip

Country

28 Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

24 Zip

Country

29 Zip

Country

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

GILMCRE, HUGH E.
4876 CR118
WILDWOOD FL 34785

10. Name and Address of New Registered Agent

81 Name ~~Rodger E. Karl~~
82 Street Address (P.O. Box Number is Not Acceptable)
10780 N. 301
83
84 City OXFORD FL 85 Zip Code 34484

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

Rodger E. Karl

Rodger E. KARL

4-20-99

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 D DELETE
NAME CARON, RONALD J
STREET ADDRESS 1008 WOODSIDE DR.
CITY-ST-ZIP WILDWOOD FL

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

TITLE D DELETE
NAME LA FAVE, PAUL
STREET ADDRESS 7944 C.R. 129
CITY-ST-ZIP WILDWOOD FL

2.1 TITLE Change Addition
2.2 NAME D WILLIAM VIEHMEYER
2.3 STREET ADDRESS 605 LIVE OAK LN.
2.4 CITY-ST-ZIP WILDWOOD FL 34785

TITLE DS DELETE
NAME GILMORE, HUGH E.
STREET ADDRESS 4876 CR118
CITY-ST-ZIP WILDWOOD FL 34785

3.1 TITLE Change Addition
3.2 NAME DS. RODGER
3.3 STREET ADDRESS Rodger E. KARL
3.4 CITY-ST-ZIP 10780 N 301
OXFORD FL. 34484

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

HUGH E. GILMORE

4-19-99 None

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)