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Feb 09 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N27699 (0)
 1. Corporation Name
**MULBERRY - SO. LAKE LAND POST 6925 VETERANS OF FO
 REIGN WARS OF THE UNITED STATES, INC.**



Principal Place of Business Mailing Address
4304 SO. FLORIDA AVE. **P O BOX 634**
SUITE 1 **MULBERRY FL 33860**
US **US**

3. Date Incorporated or Qualified 08/02/1988	
4. FEI Number 59-2903978	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

10. Name and Address of New Registered Agent

~~WILSON, JAMES H~~
~~4893 TURNER ROAD~~
~~MULBERRY FL 33860~~

81 Name Joseph G. Odette
82 Street Address (P.O. Box Number is Not Acceptable) 56 Three IRON DR.
83
84 City Mulberry
85 Zip Code FL 33860

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 obligation of, Section 617.0503, Florida Statutes.

SIGNATURE *Joseph G. Odette* *Joseph G. Odette* **11/12/98**
 Signature typed printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	STENSQARD, NEIL T
STREET ADDRESS	20 LAKEVIEW DR.
CITY-ST-ZIP	MULBERRY FL 33860
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	ODETT, JOESPH F
STREET ADDRESS	56 THREE IRON DR
CITY-ST-ZIP	MULBERRY FL 33860
TITLE	<input type="checkbox"/> DELETE
NAME	VDT
STREET ADDRESS	LEWIS, JULIUS C
CITY-ST-ZIP	8401 YARBOROUGH LN. LAKE LAND FL 33813
TITLE	<input type="checkbox"/> DELETE
NAME	WESLING, EOGAR C
STREET ADDRESS	807 HENNESSEE
CITY-ST-ZIP	LAKE LAND FL 33801
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	TR
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	TR
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE *Joseph G. Odette* **11/12/98**

CR2E037 (10/97)