

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 26 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northington Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # **N37130** (4)

1. Corporation Name

**BRADFORD COUNTY MEMORIAL, POST NO. 1016, VETERAN
S OF FOREIGN WARS OF THE UNITED STATES, INC.**



Principal Place of Business POST OFFICE BOX 367 STARKE FL 32091-0367	Mailing Address POST OFFICE BOX 367 STARKE FL 32091-0367
--	--

3. Date Incorporated or Qualified

03/12/1990

4. FEI Number

59-2930629

Applied For

Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SCHAEFER, CHARLES
500 S. WESTMORELAND STREET
STARKE FL 32091**

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

CHARLES SCHAEFER
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-6-98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ADKINS, CECIL	1.2 NAME	
STREET ADDRESS	RT. 1 BOX 514	1.3 STREET ADDRESS	
CITY-ST-ZIP	STARKE FL	1.4 CITY-ST-ZIP	
TITLE	COMM - D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROMAS-VARGAS, FELIX - ROMAS-VARGAS	2.2 NAME	FELIX - ROMAS-VARGAS
STREET ADDRESS	419 WATER STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	STARKE FL 32091	2.4 CITY-ST-ZIP	
TITLE	QM-T <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHAEFER, CHARLES	3.2 NAME	
STREET ADDRESS	500 S. WESTMORELAND STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	STARKE FL 32091	3.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMS, SIDNEY J	4.2 NAME	
STREET ADDRESS	1206 DELL STREET	4.3 STREET ADDRESS	
CITY-ST-ZIP	STARKE FL 32091	4.4 CITY-ST-ZIP	
TITLE	TISCOGGINS WILLIAM B <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1732 E CALL ST.	5.2 NAME	
STREET ADDRESS	STARKE FL 32091	5.3 STREET ADDRESS	
CITY-ST-ZIP	STARKE FL 32091	5.4 CITY-ST-ZIP	
TITLE	D. V.C. <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ADKINS, CECIL	6.2 NAME	
STREET ADDRESS	PO BOX 265	6.3 STREET ADDRESS	-NA-
CITY-ST-ZIP	RAIFORD FL 32083	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

CHARLES SCHAEFER
Signature, typed or printed name of registered agent and title if applicable.

CR2E037 (10/97)