

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$81.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Jul 28, 1999 8:00 am
Secretary of State

07-28-1999 90015 045 ****61.25

DOCUMENT # N49722

1. Corporation Name

VERO BEACH VETERANS, INC.

Principal Place of Business
2500 15TH AVENUE
VERO BEACH FL 32960

Mailing Address
2500 15TH AVENUE
VERO BEACH FL 32960



* 5 597653 7 90015 5 45 3 *



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

07/01/1992

4. FEI Number

59-0599182

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

MAEGLIN, JERRY D.
3465 1ST STREET
VERO BEACH FL 32968

10. Name and Address of New Registered Agent

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

Jerry Strauser
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

7-26-99

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE P
NAME MAEGLIN, JERRY
STREET ADDRESS 3465 1ST STREET
CITY-ST-ZIP VERO BEACH FL 32968

TITLE VP
NAME MERCHANT, JOHN
STREET ADDRESS 923 5TH COURT
CITY-ST-ZIP VERO BEACH FL 32960

TITLE S
NAME OWEN, WILLIAM
STREET ADDRESS 20 PLANTATION DRIVE
CITY-ST-ZIP VERO BEACH FL 32966

TITLE T
NAME HOSFORD, MICHAEL
STREET ADDRESS 155 20TH AVENUE
CITY-ST-ZIP VERO BEACH FL 32962

TITLE BMD
NAME SKALACKI, ROBERT
STREET ADDRESS 2448 19TH AVENUE
CITY-ST-ZIP VERO BEACH FL 32960

TITLE BMD
NAME BEGLEY, THOMAS
STREET ADDRESS 5400 HIGHWAY A1A
CITY-ST-ZIP INDIAN RIVER SHORES FL 32963

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

1.1 TITLE V.P.
1.2 NAME RONALD DOMAN
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE SEC.
2.2 NAME ROBERT CONNORS
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE BMD
3.2 NAME RIVERS ANDERSON
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE BMD
4.2 NAME THOMAS HULMES
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE BMD
5.2 NAME JERRY STRAUSSER
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
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:

Jerry Strauser
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7-26-99 561-778-1299

CR2E037 (599)

0001960