

FILED
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90087 045 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N92000000098

1. Corporation Name

RAYMOND E. DARLING VFW POST 6023, INC.

Principal Place of Business

P.O. BOX 1320, MORGAN ROAD
INDIANTOWN FL 34956

Mailing Address

P.O. BOX 1320, MORGAN ROAD
INDIANTOWN FL 34956

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/03/1992	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-6111356	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Country	29	Zip	30	
8. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
WITTENMYER, ERNEST 15935 SW OSCEOLA ST. INDIANTOWN FL 34956				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	
				84	City
				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

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	VD	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	SLEZIA, JOHN			1.2 NAME			
STREET ADDRESS	16396 S.W. INDIANWOOD CIR			1.3 STREET ADDRESS			
CITY-ST-ZIP	INDIANTOWN FL			1.4 CITY-ST-ZIP			
TITLE	DS	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	MCLAUGHLIN, ROY			2.2 NAME			
STREET ADDRESS	1424 SW JEFFERSON AVE.			2.3 STREET ADDRESS			
CITY-ST-ZIP	INDIANTOWN FL			2.4 CITY-ST-ZIP			
TITLE	DP	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	WITTENMYER, ERNEST			3.2 NAME			
STREET ADDRESS	15935 OSCEOLA ST.			3.3 STREET ADDRESS			
CITY-ST-ZIP	INDIANTOWN FL			3.4 CITY-ST-ZIP			
TITLE	TD	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	COURTOIS, EDWARD J			4.2 NAME			
STREET ADDRESS	14602 S.W. DAVOT DR			4.3 STREET ADDRESS			
CITY-ST-ZIP	INDIANTOWN FL			4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				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: **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Hilton L. McLaughlin
John P. McLaughlin

CR2E037 (1/98)