

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 16 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N93000001149 (4)**

1. Corporation Name

**FROSTPROOF POST NO. 1880 VETERANS OF FOREIGN WAR  
S OF THE UNITED STATES, INC.**

Principal Place of Business

Mailing Address

**231 EAST WALL STREET  
FROSTPROOF FL 33843**

**231 EAST WALL STREET  
FROSTPROOF FL 33843**

2. Principal Place of Business

2a. Mailing Address

**21 #1 VETERANS WAY**

**26 #1 VETERANS WAY**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**22 EAST WALL STREET**

**27 EAST WALL STREET**

City & State

City & State

**23 FROSTPROOF FL**

**28 FROSTPROOF FL**

Zip

Country

Zip

Country

**24 33843**

**25 USA**

**29 33843**

**30 USA**

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

**03/05/1993**

4. FEI Number

**59-2927234**

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**

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

10. Name and Address of New Registered Agent

81 Name

**FRED N. COLE**

82 Street Address (P.O. Box Number is Not Acceptable)

**83 117 ARGYLE AVE**

**84 City FROSTPROOF**

**FL**

**85 Zip Code 33843**

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]*

(NOTE: Registered Agent signature required when reinstating)

**7 APRIL 1998**

DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>C</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>YURT, JOSEPH J.</b>	
STREET ADDRESS	<b>STATE ROAD 630A</b>	
CITY-ST-ZIP	<b>FROSTPROOF FL</b>	

TITLE	<b>GM</b>	<input type="checkbox"/> DELETE
NAME	<b>MCELROY, HENRY C.</b>	
STREET ADDRESS	<b>206 EAST F STREET</b>	
CITY-ST-ZIP	<b>FROSTPROOF FL</b>	

TITLE	<b>DTR</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>THORNTON, RAYMOND M</b>	
STREET ADDRESS	<b>16 PLATT ROAD</b>	
CITY-ST-ZIP	<b>FROSTPROOF FL</b>	

TITLE	<b>DTR</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>SHEFFER, ROBERT C</b>	
STREET ADDRESS	<b>309 STANLEY AVE</b>	
CITY-ST-ZIP	<b>FROSTPROOF FL</b>	

TITLE	<b>DTR</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>SMITH, JAMES E</b>	
STREET ADDRESS	<b>150 MAXCY LN</b>	
CITY-ST-ZIP	<b>FROSTPROOF FL</b>	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>C</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>FRED N. COLE</b>	
1.3 STREET ADDRESS	<b>117 ARGYLE AV</b>	
1.4 CITY-ST-ZIP	<b>FROSTPROOF FL 33843</b>	

2.1 TITLE	<b>DTR</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>JEFFERY L. OWENS</b>	
2.3 STREET ADDRESS	<b>61 LAKE LANE</b>	
2.4 CITY-ST-ZIP	<b>FROSTPROOF FL 33843</b>	

3.1 TITLE	<b>DTR</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>MAXWELL D. STEPHENSON</b>	
3.3 STREET ADDRESS	<b>1184 N. LK. ARDY BLDV</b>	
3.4 CITY-ST-ZIP	<b>FROSTPROOF FL 33843</b>	

4.1 TITLE	<b>DTR</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>OSCAR H. MCELROY</b>	
4.3 STREET ADDRESS	<b>EAST "B" ST.</b>	
4.4 CITY-ST-ZIP	<b>FROSTPROOF FL 33843</b>	

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 *[Signature]*

**7 APRIL 98 941-635-1117**

CR2E037 (10/97)