1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

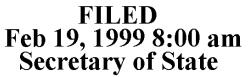
DOCUMENT # N9300001149

1. Corporation Name

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

Principal Place of Business 1 VETERANS WY EAST WALL ST FROSTPROOF FL 33843

Mailing Address 1 VETERANS WY E WALL ST FROSTPROOF FL 33843



02-19-1999 90124 033 ****61.25



2.	Principal Plac	ce of Business	Za. Mailing Address			3. Date Incorporated or Qualifed 03/05/1993			
21			26				Appli	ed For	
Suite, Apt. #, etc.			Suite, Apt. #, etc.			4. FEI Number 59-2927234		applicable -	
22			27			19 C921 C04	\$8.75 Add		
City & State			City & State			5. Certificate of Status Desired Fee Required			
23	,		28						
	Zip Country		Zip Country		<i>y</i>	6. Election Campaign Financing	\$5.00 May Be Added to Fees		
24		25	29 30			Trust Fund Contribution			
9. Name and Address of Current Registered Agent						10. Name and Address of New Registered A			
					81 Name				
COLE EDED N					82 Street Address (P.O. Box Number is Not Acceptable)				
	COLE, FRED N								
117 ARGYLE AVE					3			1	
FROSTPROOF FL 33843				-			85 Zip Co	de	
				8		FL	1 1		
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. 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered by the corporation's board of directors. I hereby accept the appointment as registered by the corporation's board of directors.								egistered	
11. Pursuant to the provisions of Sections 617,0002 and 617,0002 and 617,000, finding obtained by the corporation's board of directors. I hereby accept the appointment as 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, or both, in the State of Florida. Such change was authorized by the corporation's board of directors.									
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 charging its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.								1	
DATE OF THE PRED ALL COLE COMMAN STORES									
3	IGHATORE I	Signature, typed or printed harne of registered agent		13.	ani signatura rodurac	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTOR	S IN 12	
12	2.	OFFICERS AND	DELETE	1.1 TITLE			☐ Change	Addition	
TIT	rle	C	Dereit						
N/A	W.E	COLE, FRED N		1.2 NAM		<u> </u>			
ST	REET ADDRESS	11/ ARGILL AVE			ET ADDRESS				
l cr	TY-ST-ZIP	FROSTPROOF FL 33843		1.4 CITY			Change	Addition	
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l NZ	AME !	OWENS, JEFFERY L		2.2 NAM	E	\sim /			
1	TREET ADDRESS	61 LAKE LN		2.3 STR	ET ADDRESS			[
1	1	FROSTPROOF FL 33843		2. 4 CIT	(-ST-ZIP		☐ Change	Addition	
—	ITY-ST-ZIP	DTR	☐ DELETE	3.1 TITL	E	\vee	□ Criange		
!	\$	STEPHENSEN, MAXWELL D		3.2 NAN	E	\wedge			
1	AME	1184 N LAKE REEDY BLVD		3.3 STR	EET ADORESS				
-	TREET ADDRESS	FROSTPROOF FL 33843		3.4. CIT	Y-ST-ZIP			□ a a/a: ·	
-	ITY-ST-ZIP		☐ DELETE	4.1 TITL			Change	☐ Addition	
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1 "	IAME	MCELROY, OSCAR H			EET ADDRESS	/			
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C	CITY-ST-ZIP	FROSTPROOF FL 33843	☐ DELETE	5.1 TITE			☐ Change	Addition	
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s	STREET ADDRESS				Y-ST-ZIP	,)		_	
0	CITY-ST-ZIP	\X		6.1 TIT			Change	☐ Addition	
-	TITLE	7	☐ DELETE		l l				
١	NAME	1 /		6.2 NA					
5	STREET ADDRESS			6.3 ST	REET ADDRESS				

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: FREDIGNATURE REC

2-2-99941-635-1117