## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N9300002013 (1)

FILED
Jan 22 1998 8:00am
Secretary of State

1. Corporation Name				1	
COL. JAMES R. BURKHART MEMORIAL POST NO. 11316 V ETERANS OF FOREIGN WARS OF THE UNITED STATES, IN					
Principal Place of Business Mailing Address					9111 <b>11</b> 110 11911 <b>6</b> 0106 (1 <b>800</b> 1111 1101)
12001 NE 139TH PLACE PO BOX 2040 FT MCCOY FL 97 MCCOY FL 32134-2040				3. Date Incorporated or Qualified 05/03/1993 4. FEI Number	Applied For
				59-3109619	Not Applicable
21	Place of Business	2a. Mailing Address 26		5. Certificate of Status Desired	\$8.75 Additional Fee Required
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.		6. Election Campaign Financing Trust Fund Contribution	<b>\$5.00</b> May Be
City & Stai	te	City & State		7. Is this nonprofit corporation a homeo	/10050 to 1 000
23		28		Test in a montpront corporation a marge	
Zip	Country	Zip	Country	8. This corporation owes or has paid the	e current year Intangible
24	25 9. Name and Address of Curr		30	Personal Property Tax due June 30.	Yes NoN/A
	9. Name and Address of Curr	ent Registered Agent	81 Name ;	10. Name and Address of New Register	red Agent /
MCDANIEL C. HADVEY T				UNTERS Harold	
10035 E. HIGHY 316			82 Street Ad	dress (P.O. Box Number is Not Acceptable)	
FT MCCOY FL 32134			83		
			84 City	4~ ^	85 Zip Code
			To:		FL    32/34
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 abligations of, Section 617.0503, Florida Statutes.					
agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.					
SIGNATURE	Signature syped or printed name of registered a	egent and little if applicable. (NOTE:	Registered Agent signature req	ulred when reinstating) DA	<u> </u>
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
TITLE	DC	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition 등
NAME	DROST, ROBERT		1.2 NAME		3
STREET ADDRESS	15768 NE 144 CT.		1.3 STREET ADDRESS		ដែ
CITY-ST-ZIP	FT MCCOY FL 32134 DSVC	DELETE		CVK	☐ Addition
NAME	PERKINS, HERBERT	is percie	2.1 TITLE	WANSON, William	127 custide T voorriou
STREET ADDRESS	10460 NE 148 CT.		2.3 STREET ADDRESS	4333 CR 315 -	
CITY-ST-ZIP	FT MCCOY FL 32134		2. 4 CITY-ST-ZIP	Fort MCCV FI	32134
TITLE	DA	DELETE	3.1 TITLE	, ,	☐ Change ☐ Addition
NAME	NOLTING, JOHN		3.2 NAME		
STREET ADDRESS	10650 NE 142ND PL.		3.3 STREET AODRESS		
CITY-ST-ZIP	FT MCCOY FL 32134		3.4. CITY - ST - ZIP		
TITLE		DELETE	4.1 TITLE		Change
NAME OTREET + DROSGO			4. 2 NAME		
STREET ADDRESS CITY-ST-ZIP			4.3 STREET ADDRESS 4.4 CITY - ST - ZIP		
TITLE		DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME		_	5.2 NAME		_ , _
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME	•	
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP	partiful that the information of the Part	with this filing does not avoit for	6.4 CITY-ST-ZIP	n Costion 110 07/9/0 Florido Clatinas I Fulls	ar agriff, that the information
indicated	on this annual report or supplied	with this hirig does not qualify for ital annual report is true and accur	are exemption stated if	n Section 119.07(3)(i), Florida Statutes. I furthe ture shall have the same legal effect as if made	e under oath: that I am an

4. 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 eath; 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:

PLEIGH DURS REQUIRED

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1-357-136-1140