1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # N9300002013

1. Corporation Name

COL. JAMES R. BURKHART MEMORIAL POST NO. 11316 V ETERANS OF FOREIGN WARS OF THE UNITED STATES, IN

Principal Place of Business

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

VEW HOME

Mailing Address

12001 NE 139TH PLACE FT MCCOY FL

PO BOX 2040 FT MCCOY FL 32134-2040

2a. Mailing Address

City & State

27

Suite, Apt. #, etc.

26 P.O.130x 2040

## FILED Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90274 033 \*\*\*\*61.25



3. Date Incorporated or Qualifed

05/03/1993

59-3109619

4. FEI Number

20   20   20   20   20   20   20   20	23 FT, MCCOY , I=L.			28 FT. MCCOY, FL.			5. Certificate o	f Status Desired	LJ	Fee Req	uired	
9. Name and Address of Current Registered Agent    10. Name and Address of New Registered Agent	Zip		Country	Zip	Cou	•				•	- ,	
WINTERS, HAROLD 10035 E, HIGHY 316 FT MCCOV FL 32134  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 agent, or both, in the State of Florida, Such change was submits the statement for the purpose of changing its registered agent, and accept the obligations of, Section 617,0502, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, and accept the obligations of, Section 617,0502, Florida Statutes, the above-named corporation submits this statement for the uppose of changing its registered agent agent, and accept the obligations of, Section 617,0502, Florida Statutes, the above-named corporation submits this statement for the uppose of changing its registered agent agent, and accept the obligations of, Section 617,0502, Florida Statutes, the above-named corporation submits this statement for the uppose of changing its registered difference or registered agent, and accept the obligations of, Section 617,0502, Florida Statutes, the above-named corporation submits this statement for the uppose of changing its registered difference or registered agent, and accept the obligations of, Section 617,0502, Florida Statutes, the above-named corporation submits this statement for the uppose of changing its registered difference of directors. Inherity accept the appointment as registered agent, and the corporation is addition.  12.												
100.35 E. HIGHY 316 FT MCCOY FL 32134  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 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, and accept the obligations of, Section 617 0502 and 617 1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 617 0503, Florida Statutes.  SIGNATURE  SIGNATURE  SIGNATURE  DC  OFFICERS AND DIRECTORS IN 12  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  12. NAME  13. STREET ADDRESS  15768 NE 144 CT.  12. NAME  13. STREET ADDRESS  15768 NE 144 CT.  140 In							トキャンとり t Address (P.O. Box Nur	nber is Not Accepta	able)			
### City   FL   85   \$\frac{1}{3} \text{Zip Code}_{\text{A}}\$  11. Pursuant to the provisions of Sections 617.0502 and 617.1508. Florida Statutes, the above-named corporation submits his statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 617.0503. Florida Statutes.  #### SIGNATURE    Signatura, Typed or printed statute of liquid statutes are above-named corporation is business that statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 617.0503. Florida Statutes.  #### SIGNATURE    Signatura, Typed or printed rame of implated agent and 86 or applicable.    In Time	· ·						<u>035 ほいい</u>	3HJ. 316	,			
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 Frends. Such change was authorized agent and manual companies of section 617.0503, Florida Statutes.  SIGNATURE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  TITLE  DC  DROST, ROBERT  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  PT MCCOY FL 32134  TITLE  DSVC  SYMANSON, WILLIAM  SYMANSON, WILLIAM  SYMANSON, WILLIAM  SYMANSON, WILLIAM  STREET ADDRESS  FT MCCOY FL 32134  DELETE  DA  OLITING, JOHN  32 STREET ADDRESS  TITLE  DA  OLITING, JOHN  33 STREET ADDRESS  TITLE  DA  OLITING, JOHN  32 STREET ADDRESS  TITLE  DA  OLITING, JOHN  33 STREET ADDRESS  TITLE  DA  OLITING, JOHN  33 STREET ADDRESS  TITLE  DA  OLITING, JOHN  34 STREET ADDRESS  TITLE  DA  OLITING, JOHN  35 STREET ADDRESS  TITLE  DA  OLITING, JOHN  37 STREET ADDRESS  TITLE  DA  OLITING, JOHN  37 STREET ADDRESS  TITLE  DA  OLITING, JOHN  38 STREET ADDRESS  STREET ADDRESS												
11. Pursuant to the provisions of Sections 617 0502 and 617 1508. Florida Statutos, the above-named corporations submits his statement for the purpose of changing list registered agent. I an immunity with, and accept the obligations of, Section 617 0503, Florida Statutes.  SIGNATURE  Signature, typad or printed name of imparted agent and title if application.  12. OFFICERS AND DIRECTORS  13. ADDITIONSICHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  DC OFFICERS AND DIRECTORS  13. ADDITIONSICHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  DROST, ROBERT  TITLE  DSVC DELETE  11. TITLE  DSVC DELETE  12. TITLE  DSVC DELETE  12. TITLE  DSVC DELETE  13. TITLE  DSVC DELETE  13. TITLE  DSVC DELETE  14. TITLE  DSVC DELETE  21. TITLE  DA  NAME  14.333 CR 315  22. STREET ADDRESS  72. O. 13 ox 5 4.3  23. STREET ADDRESS  73. O. 13 ox 5 4.3  24. CITY-ST-ZP  TITLE  DA  NOLITING, JOHN  32. NAME  10650 NE 142ND PL.  TITLE  DA  NOLITING, JOHN  33. STREET ADDRESS  16. Change Addition  17. O. 12 ox 5 4.3  24. CITY-ST-ZP  TITLE  DA  NOLITING, JOHN  33. STREET ADDRESS  16. Change Addition  17. O. 13 ox 5 4.3  24. CITY-ST-ZP  TITLE  DA  NOLITING, JOHN  33. STREET ADDRESS  16. Change Addition  17. O. 12 ox 5 4.3  24. CITY-ST-ZP  TITLE  DA  NOLITING, JOHN  33. STREET ADDRESS  16. Change Addition  17. O. 12 ox 5 4.3  24. CITY-ST-ZP  TITLE  DA  NOLITING, JOHN  33. STREET ADDRESS  16. Change Addition  17. O. Change Addition  18.	11 MOOOT 12 02104					Q4 City				85 Zip C	ode	
office or registered agent, or both, in the State of Flonds. Such change was authorized by middles.  SIGNATURE  SIGNATURE  SIGNATURE  OC OFFICERS AND DIRECTORS  TITLE OC OROST, ROBERT  STREET ADDRESS  TITLE DSV  NAME  STREET ADDRESS  ASSIGNATURE  DSV  SWANSON, WILLIAM  STREET ADDRESS  ASSIGNATIVE  DA OBLETE  OC OROST, ROBERT  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  LONNING BIELL  ACMY-ST-ZP  FT MCCOY FL 32134  TITLE  DA OBLETE  AND OBLETE  STREET ADDRESS  ASSIGNATIVE  DA OBLETE  ASTREET ADDRESS  ASSIGNATIVE  ASSIGNATIVE  DA OBLETE  ASTREET ADDRESS  ASSIGNATIVE  ASSIGNATIVE  ASSIGNATIVE  ADDRESS  ASSIGNATIVE  ADDRESS  ASSIGNATIVE  ADDRESS  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  ADDITIONS/CHANGE										32	134	
Signature, typed or printed name of inspatence agent and title in applicable. (NOTE: Registered Agent integrated when instaltary)   13	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											
12. OFFICERS AND DIRECTORS  TITLE  DC  DROST, ROBERT  STREET ADDRESS  TITLE  DSVC  NAME  SWANSON, WILLIAM  SWANSON, WILLIAM  STREET ADDRESS  TITLE  DA  NOLTING, JOHN  STREET ADDRESS  TITLE  DA  NOLTING, JOHN  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  DA  NOLTING, JOHN  STREET ADDRESS  CITY-ST-ZIP  TITLE  DA  NOLTING, JOHN  STREET ADDRESS  CITY-ST-ZIP  TITLE  DA  NOLTING, JOHN  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  DELETE  STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  DELETE  DELETE  DELETE  STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  DELETE  DELETE  STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  DELETE  STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  DELETE  STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  DELETE  STREET ADDRESS  STRE	SIGNATURE  Storoglyre bred of printed game of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE											
TITLE	12.	Signature, typed or prin					ADDITIONS	CHANGES TO OF	FICERS AND	DIRECTOR	RS IN 12	
NAME   DROST, ROBERT   12 NAME   13 STREET ADDRESS   15768 NE 144 CT.   13 STREET ADDRESS   14 CTY-ST-ZIP   TITLE   DSVC   21 TITLE   DSVC   22 NAME   14333 CR 315   24 CTY-ST-ZIP   27 CTY	TITLE	nc			1.1 Ti	π£				Change	☐ Addition	
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$\blacksquare$ 64 CTV. ST. 7/P $\blacksquare$	STREET ADDRESS	1					8					
CITY-ST-ZIP  14. Learney contife that the information symplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information	CITY-ST-ZIP			11 PP 1 PP			1 6-4-1-10 67(2)	Clorido Statutos	I further cort	6, that the in	formation	

recovering that the minimum supplied with this minity 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 suppliemental 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 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 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 be compared to the corporation of the corporation of the receiver of the corporation of the receiver or trustee empowered to execute the corporation of the corporation of the receiver of the corporation or the receiver or trustee empowered to execute the corporation of the receiver or trustee empowered to execute the corporation of the receiver or trustee empowered to execute the corporation of the corporation or the receiver or trustee empowered to execute 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 the corporation of the

SIGNATURE: SIGNATURE AND TYPED OR P

Applied For

\$8.75 Additional

Not Applicable