

FILE NOW: FILING FEE IS \$61.25

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

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

0002754

NONPROFIT  
 CORPORATION  
 ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**1999**

**DOCUMENT # N93000002013**

1. Corporation Name

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

Principal Place of Business

12001 NE 139TH PLACE  
 FT MCCOY FL

Mailing Address

PO BOX 2040  
 FT MCCOY FL 32134-2040



2. Principal Place of Business

21 **VFW HOME**  
 Suite, Apt. #, etc.

2a. Mailing Address

26 **P.O. BOX 2040**  
 Suite, Apt. #, etc.

3. Date Incorporated or Qualified

**05/03/1993**

4. FEI Number

**59-3109619**

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

City & State

23 **FT. MCCOY, FL.**

City & State

28 **FT. MCCOY, FL.**

Zip

24 **32134**

Country

25 **USA**

Zip

29 **32134**

Country

30 **USA**

9. Name and Address of Current Registered Agent

**WINTERS, HAROLD  
 10035 E. HIGHY 316  
 FT MCCOY FL 32134**

10. Name and Address of New Registered Agent

81 Name **HAROLD WINTER**  
 82 Street Address (P.O. Box Number is Not Acceptable)  
**10035 E. HIGHY 316**  
 83  
 84 City **FT. MCCOY** **FL** 85 Zip Code **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 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

TITLE **DC** ☒ DELETE  
 NAME **DROST, ROBERT**  
 STREET ADDRESS **15768 NE 144 CT.**  
 CITY-ST-ZIP **FT MCCOY FL 32134**

TITLE **DSVC** ☒ DELETE  
 NAME **SWANSON, WILLIAM**  
 STREET ADDRESS **14333 CR 315**  
 CITY-ST-ZIP **FT MCCOY FL 32134**

TITLE **DA** ☐ DELETE  
 NAME **NOLTING, JOHN**  
 STREET ADDRESS **10650 NE 142ND PL.**  
 CITY-ST-ZIP **FT MCCOY FL 32134**

TITLE ☐ DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **DC** ☒ Change ☐ Addition  
 1.2 NAME **LONNIE BELL**  
 1.3 STREET ADDRESS **14016 NE 110 AVE**  
 1.4 CITY-ST-ZIP **FT. MCCOY, FL. 32134**

2.1 TITLE **DSVC** ☒ Change ☐ Addition  
 2.2 NAME **RAY HATHFIELD**  
 2.3 STREET ADDRESS **P.O. BOX 543**  
 2.4 CITY-ST-ZIP **FT. MCCOY, FL. 32134**

3.1 TITLE **DA** ☐ Change ☐ Addition  
 3.2 NAME **JOHN NOLTING**  
 3.3 STREET ADDRESS **10650 NE 142ND PL.**  
 3.4 CITY-ST-ZIP **FT. MCCOY FL. 32134**

4.1 TITLE ☐ Change ☐ Addition  
 4.2 NAME  
 4.3 STREET ADDRESS  
 4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
 5.2 NAME  
 5.3 STREET ADDRESS  
 5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

**4-21-99 (352) 236-7828**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)