FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # N9300002044 (6)

EDGEWATER POST NUMBER 4532, VETERANS OF FOREIGN WARS OF THE UNITED STATES, INC.

Principal Place of Business Mailing Address P.O. BOX 654 P.O. BOX 654 EDGEWATER FL 32132 **EDGEWATER FL 32132-0654** Date Incorporated or Qualified 04/20/1993 3a. Date of Last Report 10/09/1996 4. FEI Number NOT APPLICABLE 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 Ζip Country ZiD Country 8. This corporation has liability for intangible tax under s. 199.032, Yes No 24 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 KLIEGER, KENNETH L Street Address (P.O. Box Number is Not Acceptable) 2201 S. RIDGEWOOD #30 **B3 EDGEWATER FL 32141** City 84 Zip Code 85 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 tice if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. 96/6) DELETE 1.1 TITLE Change ■ Addition THILE PETERS, RICHARD J 1.2 NAME NAME **168 GARY AVENUE** 1.3 STREET ADDRESS STREET ADORESS OAK HILL FL 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 21 TITLE TIFLE HAYMAN, JACK H 2.2 NAME NAME STREET ADDRESS 3003 TRAVELERS PALM DRIVE 2.3 STREET ADDRESS **EDGEWATER FL 32141** CHY-ST-2IP 2. 4 CITY-ST-ZIP DELETE Change ☐ Addition TI*LE 3.1 TITLE NAME KLIEGER, KENNETH L 3.2 NAME 2201 S. RIDGEWOOD DRIVE #30 3.3 STREET ADDRESS STREET ADDRESS **EDGEWATER FL 32141** CH1Y - 51 - 2H1 34. CITY-ST-ZIP DELETE Addition Change TITLE PD 41 TITLE ZEPP, CARROLL J NAME 4 2 NAME STREET ADDRESS 2306 WILLOW 4.3 STREET ADDRESS **EDGEWATER FL 32141** CHY-ST-ZIP 4.4 CITY - ST - ZIP DELETE 5.1 TITLE ☐ Change Addition TITLE 5.2 NAME NAME 5 3 STREET ADDRESS STREET ADDRESS 54 CITY-ST-ZIP CITY-ST-ZIF DELETE Change Addition TITLE 6.1 TITLE 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 64 CITY-ST-ZIP CITY - ST - 7IP

14. I do 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:

HIGHATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-1-97

FILED

Mar 24 1997 8:00am

Secretary of State

Daytime Phone 1002737