

FILE NOW: FILING FEE IS \$61.25

FILED  
Feb 23, 1999 8:00 am  
Secretary of State

02-23-1999 90026 005 \*\*\*\*61.25

0069782

NONPROFIT CORPORATION ANNUAL REPORT 1999

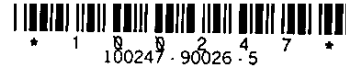


FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N94000002079

1. Corporation Name

JOE NIC BARCO MEMORIAL VFW POST 7122 VETERANS OF FOREIGN WARS OF THE UNITED STATES, INC.



Principal Place of Business

8191 SOUTH FLORIDA AVENUE  
FLORAL CITY FL 34436

Mailing Address

POST OFFICE BOX 1119  
FLORAL CITY FL 34436



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

04/26/1994

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number  
59-3213394

Applied For  
Not Applicable

23 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

24 Zip Country

28 Zip Country

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KORB, WILLIAM M.  
9124 SPOONBILL AV  
FLORAL CITY FL 34436

81 Name HATTEN, SIDNEY L

82 Street Address (P.O. Box Number is Not Acceptable)  
5941 S. SUNDIAL DR

83

84 City FLORAL CITY

FL

85 Zip Code 34436

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 *Sidney L. Hatten*

1-15-99  
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D  DELETE  
NAME MARSH, CHARLES F.  
STREET ADDRESS 11515 S. TURNER AVE.  
CITY-ST-ZIP FLORAL CITY FL 34436

1.1 TITLE D  Change  Addition  
1.2 NAME PEARDON, Peggy F  
1.3 STREET ADDRESS 12395 S. CANNA PT  
1.4 CITY-ST-ZIP FLORAL CITY FL 34436

TITLE VD  DELETE  
NAME FERGUSON, TERRY  
STREET ADDRESS 8380 S. COVE  
CITY-ST-ZIP FLORAL CITY FL 34436

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE PD  DELETE  
NAME KORB, WILLIAM M.  
STREET ADDRESS 9124 SPOONBILL AV  
CITY-ST-ZIP INVERNESS FL 34436

3.1 TITLE PD  Change  Addition  
3.2 NAME HATTEN, SIDNEY L. SR.  
3.3 STREET ADDRESS 5941 S. SUNDIAL DR  
3.4 CITY-ST-ZIP FLORAL CITY FL 34436

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE  DELETE  
NAME  
STREET ADDRESS  
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: *Sidney L. Hatten*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-15-99 637-3625  
Date Daytime Phone #

CR2E037 (1/198)