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May 06 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N94000003380 (2)**

1. Corporation Name

NAPLES MEMORIAL POST NO. 7369 VETERANS OF FOREIG N WARS OF THE UNITED STATES, INC.

Principal Place of Business
2405 Linwood Ave
~~2467 PINEWOOD CIRCLE~~ Naples, Fl
~~NAPLES FL 33942~~ 34112

Mailing Address
2405 Linwood ave
~~2467 PINEWOOD CIRCLE~~ Naples, FL
~~NAPLES FL 33942~~ 34112

3. Date Incorporated or Qualified: 07/05/1994

4. FEI Number: 65-0463066 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business
21 2405 Linwood ave, Naples

Suite, Apt. #, etc.
22

City & State
23 Naples, Florida

Zip 24 34112 Country 25 Collier

2a. Mailing Address
26 same

Suite, Apt. #, etc.
27

City & State
28 Naples, Florida

Zip 29 34112 Country 30 Collier

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

WITHERS, JOHN N
2467 PINEWOOD CIRCLE
NAPLES FL 33942

10. Name and Address of New Registered Agent

81 Name: John Mack

82 Street Address (P.O. Box Number is Not Acceptable): 1731 Reuven Circle #4

83

84 City: Naples **FL** 85 Zip Code: 34112

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: John Mack, Quartermaster 3/31/98
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GUESS, LAMAR C 2467 PINEWOOD CIRCLE NAPLES FL 33942	☒ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	D Kevin Beardsley 2070 Rookery Bay Circle #2503 Naples Florida 34112	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WITHERS, JOHN N 2467 PINEWOOD CIRCLE NAPLES FL 33942	☒ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	D John Mack 1731 Reuven Circle #4 Naples, Florida 34112	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D VIECHEC, MICHAEL 653 13TH ST NAPLES FL 34102	☒ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	D William Schult 700 Charlemange Blvd Naples, Florida 34112	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/97)

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.

SIGNATURE: John Mack, Quartermaster 3/31/98
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date