FILE NOW: FILING FEE IS \$61.25

NONPROFIT **CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

POCUMENT #1. Corporation Name

N95000001772 (1)

FOREST CORNERS POST 8267 VETERANS OF FOREIGN WAR S OF THE UNITED STATES, INC.

				-		
Principal Place of Business Mailing Address					. 1 ABBURDY DIE LOIBE BYNY BENY BENY ODIN BOIN VOOR VERLEBRY (0910 1601 1601	
761 COUNTY ROAD SOUTH FOREST CORNERS FL		P.O. BOX 2319 SILVER SPRINGS FL 34489-2319		3. Date Incorporated or Qualified 04/14/1995		
					4. FEI Number 59-1744062	Applied For Not Applicable
2. Principal P	lace of Business	20. Mailing Address	_		5. Certificate of Status Desired	\$8.75 Additional
21 26 Suite, Apt. #, etc.			Suite Ant H at		o. Certificate of Status Desired	Fee Required
Suite, Api.	#, OIC.	Suite, Apt. #, etc.	27		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees	
City & State		City & State			7. Is this nonprofit corporation a homeowners association?	
23		Z _{ID} Country		☐ Yes ☐ No		
Zip	Country	Country Z _{IP} Cou			8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No	
1241	9. Name and Address of Curre		30,		10. Name and Address of New Registered	
			81	Name		
GILL, ROBERT L			82	Street Address (P.O. Box Number is Not Acceptable)		
16809 SW 6TH LN SILVER SPRINGS FL 34488			83	63		
SILVEN	ornii 100 FL 34400			· .		
			84	City	FL	85 Zip Code
 Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the abordice or registered agent, or both, in the State of Florida Such change was authorized agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statute. 				named corporation	pration submits this statement for the purpose on board of directors. I hereby accept the apr	of changing its registered
				A A	Plan 1-19	1-00
SIGNATURE Specific A Company of registered agent and title if applicable. (NOTE Registered agent and title if applicable.)				nt lignature require	od when reinstaling) DATE	, / 0
12.	OFFICERS AF	ND DIRECTORS	13.		ADDITIONS/CHANGES TO DEFICERS AND	D DIRECTORS IN 12
TITLE	D	DELETE	1.1 TITLE	P	NEWMAN, EDWARD. 6801 NW 22 Lusp OCALA FL. 34470	Change Addition
NAME	RODGERS, DONALD J		1.2 NAME		THE WAY	3
STREET ADDRESS	17880 NW 61ST RD. SILVER SPRINGS FL 34488		1.3 STREET A	ADDRESS	6801 NW 2 Lorp	
TITLE	D	☐ DELETE	1.4 CITY-ST 2.1 TITLE	:-ZIP	OCALA PL. 34910	Change Addition
NAME	GARDNER, RICHARD		2.2 NAME			Change Addition
STREET ADDRESS	450 SE 169TH AVE.		2.3 STREET A	ADDRESS		
CITY-ST-ZIP	SILVER SPRINGS FL 34488		2. 4 CITY-S1	T-ZIP		
TITLE	D	✓ DELETE	3.1 TITLE	\mathcal{D}		Change Addition
NAME	NEWMAN, EDWARD J		3.2 NAME	G	FILL ROBERT L. 6809 SWEDLINGS FL. 3 THUER SPRINGS FL. 3	
STREET ADDRESS	6801 NW 2ND LOOP		3.3 STREET A	ADDRESS 1	6809 SW 60 LN. El	rice as
CITY-ST-ZIP	OCALA FL 34470	☐ DELETE	3.4. CITY-\$1	T-ZIP	THURR SPRINGS 12.3	44 80
TITLE NAME			4.1 TITLE 4. 2 NAME			L. Change L. Addition
STREET ADDRESS			4.3 STREET A	ADDRECC		
CITY-ST-ZIP			4.4 CITY-ST			
TITLE		☐ DELETE	5.1 TITLE	- 611		Change Addition
NAME			5.2 NAME	l		
STREET ADDRESS			5.3 STREET A	ADORESS		
CITY-ST-ZIP			5.4 CITY-ST	i-ZIP		
TITLE		☐ DELETE	6.1 TITLE			Change Addition
NAME			6.2 NAME			
CTREET ANNOESS !			# 2 PYDECY A	ADDRESS I		

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 cath; 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: RICHARDA. GARDNE

FILED

Apr 24 1998 8:00am

Secretary of State