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NONPROFIT
CORPORATION
ANNUAL REPORT



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

1999

DOCUMENT # N95000001772 (1)

1. Corporation Name

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

Principal Place of Business

**761 COUNTY ROAD SOUTH
FOREST CORNERS FL**

Mailing Address

**450 SE 169TH AVE
SILVER SPRINGS FL
34988**

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

**GILL, ROBERT L
16809 SW 6TH LN
SILVER SPRINGS FL 34488**

3. Date Incorporated or Qualified

04/14/1995

4. FEI Number

59-1744062

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**

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

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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 ☐ DELETE
NAME **D EDWARD J. HEWMAN**
STREET ADDRESS **6861 MC. 2ND LOOP**
CITY-ST-ZIP **OGALA FLA 34470**

TITLE ☐ DELETE
NAME **D GARDNER, RICHARD**
STREET ADDRESS **450 SE 169TH AVE.**
CITY-ST-ZIP **SILVER SPRINGS FL 34488**

TITLE ☐ DELETE
NAME **D ROBERT L. GILL**
STREET ADDRESS **16809 SW 6TH AVE**
CITY-ST-ZIP **SILVER SPRINGS FL 34488**

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 ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

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

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

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 certify the information

SIGNATURE: **RICHARD L. GARDNER** *Richard L. Gardner* 6-2-99. 352-625-1777

CR2E037 (10/97)