

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Apr 09, 1999 8:00 am
Secretary of State

04-09-1999 90021 003 ****61.25

0070145

DOCUMENT # N96000002828

1. Corporation Name

HARRY F. NESBITT AUXILIARY TO POST NO 10087, LAD
IES AUXILIARY TO THE VETERANS OF FOREIGN WARS OF

Principal Place of Business

11 NEW FLORIDA AVE
BEVERLY HILLS FL 34465

Mailing Address

11 NEW FLORIDA AVE
BEVERLY HILLS FL 34465



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

05/29/1996

4. FEI Number

59-2040018

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

9. Name and Address of Current Registered Agent

MOSES, MARY H
11 NEW FLORIDA AVE
BEVERLY HILLS FL 34465

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	DP	<input checked="" type="checkbox"/> DELETE
NAME	BANERLE, VELMA	
STREET ADDRESS	259 W SUGARBERRY LN	
CITY-ST-ZIP	BEVERLY HILLS FL 34465	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	BLEIER, LORRAINE A	
STREET ADDRESS	79 S JEFFERY ST	
CITY-ST-ZIP	BEVERLY HILLS FL 34465	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	MOSES, MARY H	
STREET ADDRESS	11 NEW FLORIDA AVE	
CITY-ST-ZIP	BEVERLY HILLS FL 34465	
TITLE	S	<input type="checkbox"/> DELETE
NAME	DENTINGER, KATHRYN M	
STREET ADDRESS	227 S FILLMORE ST	
CITY-ST-ZIP	BEVERLY HILLS FL 34465	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	WILLARD, GERTRUDE M.	
1.3 STREET ADDRESS	3868 DOUGLAS FIR CIR	
1.4 CITY-ST-ZIP	BEVERLY HILLS FL. 34465	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Mary H. Moses* SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/13/99 746-6631

CR2E037-(11/98)