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Apr 20, 1999 8:00 am
Secretary of State

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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



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

DOCUMENT # N96000004867

1. Corporation Name

VETERANS MEMORIAL BUILDING ASSOCIATION, INC.

Principal Place of Business

300 N THIRD ST
LEESBURG FL 34748

Mailing Address

300 N THIRD ST
LEESBURG FL 34748



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

9. Name and Address of Current Registered Agent

**PARKER, MILLARD B
05301 BRYON RD
FRUITLAND PARK FL 34731**

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

09/19/1996

4. FEI Number

59-3426231

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

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 date if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
**DP
PARKER, MILLARD B
05301 BYRON RD
FRUITLAND PARK FL 34731**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
**DV
SAVAGE, GORDON H JR
P O BOX 350475 N/A
GRAND ISLAND FL 32735-0475**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
**DST
MACLARTY, ARCHIE
P O BOX 441 N/A
OKAHUMPKA FL 34762**

TITLE ☒ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
**DT
BRITTS, SR., ROGER N
800 LAKE PORT BOULEVARD H 403
LEESBURG FL 34748-7663**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP
**D
WESSLING, VINCENT
2503 SOUTH ST
LEESBURG FL 34748**

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
**DT
JOHN J. KOSS III
1912 FERN CIRCLE
LEESBURG FL 34748**

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 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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-9-99 352-728-4897

CR2E037 (11/98)