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Mar 12 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # N96000005294 (1)

1. Corporation Name

POST NO. 8683 VETERANS OF FOREIGN WARS OF THE UNITED STATES, INC.



Principal Place of Business

Mailing Address

22824 BLUEGILL LANE  
CUDJOE KEY FL 33042

22824 BLUEGILL LANE  
CUDJOE KEY FL 33042-4703

3. Date Incorporated or Qualified  
10/14/1996

3a. Date of Last Report  
10/19/96

2. Principal Place of Business

2a. Mailing Address

21 22824 BLUEGILL LN

26 SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27 SAME

City & State

City & State

23 SUMMERLAND KEY FL

28 SAME

Zip

Country

Zip

Country

24 33042

25 FLORIDA

29 SAME

30 SAME

4. FEI Number

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GOSSARD, MILFORD C  
22824 BLUEGILL LANE  
CUDJOE KEY FL 33042

81 Name

SAME

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

N/A

83

N/A

84 City

N/A

FL

85

Zip

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

*Milford C. Gossard*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE 2/29/97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE  
NAME GOSSARD, MILFORD C  
STREET ADDRESS 22824 BLUEGILL LANE  
CITY-ST-ZIP CUDJOE KEY FL 33042

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

TITLE D ☐ DELETE  
NAME COLLINS, GEORGE W  
STREET ADDRESS 9H 5TH AVE.  
CITY-ST-ZIP KEY WEST FL 33040

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

TITLE D ☐ DELETE  
NAME SIBILA, RAUL W  
STREET ADDRESS 408Y YARD ARM RD.  
CITY-ST-ZIP SUMMERLAND KEY FL 33042

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

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Milford C. Gossard 2/29/97*

Date

Daytime Phone # 0024710

CR2E037 (9/96)