SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # N9600005294 (1)

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

Principal Place of Business Mailing Address										
22824 BLUEGILL LANE SUMMERLAND KEY FL 33042				22824 BLUEGILL LANE CUDJOE KEY FL 33042				3. Date Incorporated or Qualified 10/14/1996		
US								4. FEI Number Applied For		
<u> </u>								NOT APPLICABLE Not Applicable		
2. Principal Place of Business 2a. Mailing A					ng Address			5. Certificate of Status Desired \$8.75 Additional		
21				26				Fee Required		
Suite, Apt. #, etc.				Sulte, Apt. #, etc.				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				28				7. Is this nonprofit corporation a nonecowners association? Yes No		
Zip	Country			Zip Country			,	8. This corporation owes or has paid the current year Intengible		
24				29 30				Personal Property Tax due June 30. Yes No		
	9. Name	and Address of Current	Regi	stered Agent		10. Name and Address of New Registered Agent				
						81	Name	STEPHENT YOUNGE		
GOSSARD, MILFORD C 22824 BLUEGILL LANE						82	Street Address (P.O. Box Number is Not Acceptable)			
CUDJOE KEÝ FL 33042						83	27360 ST CROIX LANE			
						Summer Land Kay FL 85 Zip Code 2				
11. Pursuant to	o the provision	ns of sections 617.0502 a	nd 61	7 1508, Florida Statutes	the abo	Ve-n	amad same	and personation authority this statement for the purpose of the principality and the purpose of the principality and the principality and the purpose of the principality and the purpose of the principality and the purpose of the pu		
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.										
		and accept the obligation	onson, Araba	section 617.0503, Flo	rida Statu	it e s.		7/12/48		
SIGNATURE Signature, typed or printed name of registered gent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE										
12.		OFFICERS AND	DIRE		13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D			DELETE	1.1 T	ITLE	\mathcal{D}	7. — — — — — — — — — — — — — — — — — — —		
NAME	GQ\$SARD	, MILFORD C	<i>7</i> - 1		12 NAME S		CTEPHEN I YOUNGE "			
STREET ADDRESS	22824 BLUEGILL LANE			1.3 ST 1.4 Cl			ADDRESS	27360 St. CROIX AN.		
CITY-ST-ZIP	CUDJOE KEY FL 33042						-zie 🤞	Summerland Key FL 33042		
TITLE	D			DELETE	2.1 T	ITLE	D + i	Caccago Mul Ford C Change Addition		
NAME	C ÖL LINS, GEORGE W			•	2.2 NAMÈ		· '	NOSSARD, MILFORD C Change Addition		
STREET ADDRESS	9H 5TH AVE.			2.3 8			ADDRESS	XX8X4 DXURCIT AND		
CITY-ST-ZIP	KEY WEST FL 33040			2.4 CI			r-ziP C	CHOSOE Kay FL 33042		
TITLE	D			DELETE	3.1 T	ITLE		Change Addition		
NAME	SIBILA, RAUL W				3.2 NAME					
STREET ADDRESS					3.3 8	3.3 STREET ADDRESS				
CITY-ST-ZIP	SUMMERLAND KEY FL 33042 34					ITY-ST	-ZIP			
TITLE				DELETE	4.1 Ti	ITLE		Change Addition		
NAME					4.2 N	AME				
STREET ADDRESS	.SS 4.3				4.3 \$1	TREET	ADDRESS			
CITY-ST-ZIP						ITY-ST	-ZIP			
TITLE				DELETE	5.1 Ti			Change Addition		
NAME					5.2 N	AME		ļ.		
STREET ADDRESS					5.3 S	TREET	ADDRESS			
CITY-ST-ZIP						ITY-ST	-ZIP			
TITLE				DELETE	6.1 Ti			Change Addition		
NAME					6.2 N					
STREET ADDRESS	4				6.3 S1	TREET	ADDRESS			

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.

T Younge PED OR PRINCED NAME OF BIGNING OFFICER OR DIRECTOR

Daytime Phone #

FILED

Jul 30 1998 8:00am

Secretary of State

TO DEFINISE MED COLOR BELLE BOLLE DANS MARKE ARELE BROLL BROLL RECENT (1801) RECENT RECENT ORDER PROF