FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998

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

FILED
99 MAR 18 AM 10:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N96000005294 (1)

1. Corporation Name

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 US	22824 BLUEGILL LANE CUDJOE KEY FL 33042

3. Date Incorporated or Qualified: 10/14/1996

4. FEI Number: NOT APPLICABLE ☐ 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

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

GOSSARD, MILFORD C
22824 BLUEGILL LANE
CUDJOE KEY FL 33042

10. Name and Address of New Registered Agent

81 Name

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

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83 City FL 84 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☒ DELETE	1.1 TITLE D	V F W Cmdr	☒ Change ☐ Addition
NAME	GOSSARD, MILFORD C		1.2 NAME	Stephen T Younge	
STREET ADDRESS	22824 BLUEGILL LANE		1.3 STREET ADDRESS	27360 St. Croix Lane	
CITY-ST-ZIP	CUDJOE KEY FL 33042		1.4 CITY-ST-ZIP	Summerland Key, FL 33042-5438	
TITLE	D	☒ DELETE	2.1 TITLE D	Sr. Vice Cmdr Milford C Gossard	☐ Addition
NAME	COLLINS, GEORGE W		2.2 NAME		
STREET ADDRESS	9H 5TH AVE.		2.3 STREET ADDRESS	22824 Bluegill Lane	
CITY-ST-ZIP	KEY WEST FL 33040		2.4 CITY-ST-ZIP	Summerland Key, FL 33042-4703	
TITLE	D	☒ DELETE	3.1 TITLE D	Qtr/Adjutant	☒ Change ☐ Addition
NAME	SIBILA, RAUL W		3.2 NAME	Raul A. Sibila	
STREET ADDRESS	406Y YARD ARM RD.		3.3 STREET ADDRESS	66 Yardarm Rd	
CITY-ST-ZIP	SUMMERLAND KEY FL 33042		3.4 CITY-ST-ZIP	Summerland Key, FL 33042-4713	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (10/97)

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.

SIGNATURE: Raul A. Sibila 2/17/99 (305) 745-3546
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0024574