

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
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 NOV 10 PM 12:14

DOCUMENT # N96000005294 AMENDED

1. Corporation Name

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

Principal Place of Business

22824 BLUEGILL LANE
SUMMERLAND KEY FL 33042
US

Mailing Address

22824 BLUEGILL LANE
CUDJOE KEY FL 33042



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 Suite, Apt. #, etc.	26 V.F.W Post 8683	10/14/1996
22 City & State	27 P.O. Box 420792	4. FEI Number
23 Zip	28 SUMMERLAND KEY, FL	NOT APPLICABLE
24 Country	29 33042-0792 30 USA	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

YOUNGE, STEPHEN T.
27360 ST. CROIX LANE
SUMMERLAND KEY FL 33042

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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

Stephen T. Young STEPHEN T. YOUNGE - Post Commander 11/7/99

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	
NAME	GOSSARD, MILFORD C	1.2 NAME	
STREET ADDRESS	22824 BLUEGILL LANE	1.3 STREET ADDRESS	700003053437-7
CITY-ST-ZIP	CUDJOE KEY FL 33042	1.4 CITY-ST-ZIP	-11/24/99-01009-002
TITLE	D	2.1 TITLE	*****61.25
NAME	YOUNGE, STEPHEN T.	2.2 NAME	
STREET ADDRESS	27360 ST. CROIX LANE	2.3 STREET ADDRESS	
CITY-ST-ZIP	SUMMERLAND KEY FL 33042	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	
NAME	SIBILA, RAUL W	3.2 NAME	PATRICK KENNEDY
STREET ADDRESS	406Y YARD ARM RD.	3.3 STREET ADDRESS	138 YARD ARM RD
CITY-ST-ZIP	SUMMERLAND KEY FL 33042	3.4 CITY-ST-ZIP	SUMMERLAND Key FL 33042
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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:

Stephen T. Young Post Commander 11/7/99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STEPHEN T. YOUNGE

1-305-872-1330

Daytime Phone #

0025154

CR2E037 (1/198)