

FILED
Feb 23, 1999 8:00 am
Secretary of State

02-23-1999 90092 036 ****70.00

NONPROFIT CORPORATION ANNUAL REPORT 1999

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



DOCUMENT # N98000000699

1. Corporation Name
 EUGENE QUINN, INC. AUXILIARY TO POST NO. 4337, L
 ADIES AUXILIARY TO THE VETERANS OF FOREIGN WARS

Principal Place of Business
 906 HWY 44 EAST
 INVERNESS FL 34450

Mailing Address
 906 HWY 44 EAST
 INVERNESS FL 34450

437269 - 90646 - 32



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|--|---|---|
| 2. Principal Place of Business 21: 906 Hwy. 44 East | 2a. Mailing Address 28: 906 Hwy. 44 East | 3. Date Incorporated or Qualified 02/06/1998 |
| Suite, Apt. #, etc. 22: | Suite, Apt. #, etc. 27: | 4. FFI Number 59-1940834 Applied For Not Applicable |
| City & State 23: INVERNESS, FL | City & State 26: INVERNESS, FL | 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required |
| Zip 24: 34450 | Country 25: U.S. | 29: 34450 30: U.S. |
| 9. Name and Address of Current Registered Agent | | 10. Name and Address of New Registered Agent |

DICKERSON, BERTHA
 906 HWY 44 EAST
 INVERNESS FL 34450

Dufault, Gail
 306 Hudson St
 INVERNESS, FL 34452

81 Name Dufault, Gail
 82 Street Address (P.O. Box Number is Not Acceptable)
 306 Hudson St
 83
 84 City INVERNESS FL 85 Zip Code 34452

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 except the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: Gail Dufault Gail Dufault Treasurer 2/18/99
Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when resigning)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|--|---|---|
| TITLE PD | MOHNEY, BETTY 6306 E. SLATE INVERNESS FL 34452 | 1.1 TITLE Allers, Doris Pres. | 705 Eden Dr. Inverness, FL 34452 |
| TITLE PD | CLEGHORN, CONNIE 1004 S. BEL AIR DRIVE INVERNESS FL 34450 | 2.1 TITLE Fortin, Therese Vise Pres. | 7500 N. JUNGLE CAMP. INVERNESS, FL 34450 |
| TITLE TD | DICKERSON, BERTHA 8271 WC 48 LOT 105 BUSHNELL FL 33513 | 3.1 TITLE Dufault, Gail Treas. | 306 Hudson St Inverness, FL 34452 |
| TITLE S | WILLIAMS, NATALIE 9029 NIGHTHAWK LANE FLORAL CITY FL 34438 | 4.1 TITLE Williams, Natalie Secretary | 9029 Night Hawk Lane Floral City, FL 34436 |
| TITLE | | 5.1 TITLE | |
| TITLE | | 6.1 TITLE | |

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: Gail Dufault 2/18/99 (352) 3441817
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2037 (1788)