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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N98000003200			
1. Corporation Name MID-POINT CAPE CORAL POST 492, VETERANS OF FOREIGN WARS OF THE UNITED STATES, INC.			
Principal Place of Business 1831 SE 6TH TERRACE CAPE CORAL FL 33990 <i>1631 SW 11th Ave</i> CAPE CORAL FL 33991		Mailing Address 1831 SE 6TH TERRACE CAPE CORAL FL 33990 <i>PO BOX 151716</i>	
2. Principal Place of Business 1631 SW 11th Ave Suite, Apt. #, etc. 1631 SW 11 Ave		2a. Mailing Address VFW Post 492 Suite, Apt. #, etc. PO BOX 151716	
City & State CAPE CORAL FL		City & State CAPE CORAL FL	
Zip 33991		Zip 33915-1716	
Country USA		Country USA	
9. Name and Address of Current Registered Agent PARKER, JESS W JR 1831 SE 6TH TERRACE CAPE CORAL FL 33990		10. Name and Address of New Registered Agent 81 Name NICHOLSEN, PETER C 82 Street Address (P.O. Box Number is Not Acceptable) 1631 SW 11th Ave 83 84 City CAPE CORAL FL 85 Zip Code 33991	
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 <i>Peter C. Nicholson</i> PETER C NICHOLSEN 4/30/99 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE			
12. OFFICERS AND DIRECTORS TITLE D <input checked="" type="checkbox"/> DELETE NAME PARKER, JESS W JR STREET ADDRESS 1831 SE 6TH TERRACE CITY-ST-ZIP CAPE CORAL FL 33990 TITLE D <input checked="" type="checkbox"/> DELETE NAME CINCINNATI, JOHN J STREET ADDRESS 1457 SE 13TH TERRACE CITY-ST-ZIP CAPE CORAL FL 33990 TITLE D <input checked="" type="checkbox"/> DELETE NAME BROWNING, WILLIAM T STREET ADDRESS 1131 19TH LANE CITY-ST-ZIP CAPE CORAL FL 33990 TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE COMMANDER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME NICHOLSEN, PETER C 1.3 STREET ADDRESS 1631 SW 11th Ave 1.4 CITY-ST-ZIP CAPE CORAL FL 33991 2.1 TITLE RAMSDEN, DARRYL, SR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME RAMSDEN, DARRYL, SR 2.3 STREET ADDRESS 2415 SE 3rd St 2.4 CITY-ST-ZIP CAPE CORAL FL 33990 3.1 TITLE POLVERARI, WILLIAM, JR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME POLVERARI, WILLIAM, JR 3.3 STREET ADDRESS 1502 SE 11th Place 3.4 CITY-ST-ZIP CAPE CORAL FL 33904 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 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 in an attachment with an address, with all other like empowered.

SIGNATURE:

Peter C. Nicholson
PETER C NICHOLSEN
 Date 4/30/99
 Daytime Phone 941-574-0613
 574-4192

CR2E037 (11/98)