

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N12000011777

**Entity Name:** VFW MEN'S AUXILIARY POST #8698, INC

**Current Principal Place of Business:**

520 HWY 40 EAST  
INGLIS, FL 34449

**Current Mailing Address:**

P.O. BOX 544  
INGLIS, FL 34449 US

**FEI Number:** 20-1964330

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

VANHORN, JOHNATHAN D  
18451 SE 72 AVE  
INGLIS, FL 34449 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:** JOHNATHAN D VANHORN

04/18/2014

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRES  
Name            VANHORN, JOHNATHAN D  
Address        18451 SE 72 AVE  
City-State-Zip: INGLIS FL 34449

Title            SRVP  
Name            MCINTOSH, JUSTIN W  
Address        54 ROSE AVE  
City-State-Zip: INGLIS FL 34449

Title            JRVP  
Name            REPKO, ED  
Address        P.O. BOX 544  
City-State-Zip: INGLIS FL 34449

Title            SECR  
Name            BERGERON, ROGER  
Address        P.O. BOX 544  
City-State-Zip: INGLIS FL 34449

Title            TREASURER  
Name            VANDY, GEORGE  
Address        P.O. BOX 544  
City-State-Zip: INGLIS FL 34449

Title            CHAPLIN  
Name            WALKER, DAVID  
Address        P.O. BOX 544  
City-State-Zip: INGLIS FL 34449

Title            TRUSTEE  
Name            GILBERT, SCOTT  
Address        P.O. BOX 544  
City-State-Zip: INGLIS FL 34449

Title            TRUSTEE  
Name            BOWEN, JAMES  
Address        P.O. BOX 544  
City-State-Zip: INGLIS FL 34449

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*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** JOHNATHAN D VANHORN

PRESIDENT

04/18/2014

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title TRUSTEE  
Name CLARK, DAVE  
Address P.O. BOX 544  
City-State-Zip: INGLIS FL 34449