

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N12000011777

**FILED**  
**Apr 30, 2013**  
**Secretary of State**  
**CC0483646203**

**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:**

DEPUE, RICK D  
272 MARJORIE STREET  
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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            PRES  
Name            DEPUE, RICK D  
Address        272 MARJORIE STREET  
City-State-Zip: INGLIS FL 34449

Title            SRVP  
Name            METIVIER, JOSEPH  
Address        13310 SW 51ST LANE  
City-State-Zip: OCALA FL 34481

Title            JRVP  
Name            JOHNSON, MILTON N  
Address        P.O. BOX 335  
City-State-Zip: INGLIS FL 34449

Title            SECR  
Name            GILBERT, SCOTT  
Address        132 GLADYS AVENUE  
City-State-Zip: INGLIS FL 34449

Title            TREASURER  
Name            MYERS, JAMES H  
Address        80 NORTH MAPLE ST  
City-State-Zip: INGLIS FL 34449

Title            CHAPLIN  
Name            VANHORN, JOHN  
Address        780 HWY 40 EAST  
City-State-Zip: INGLIS FL 34449

Title            TRUSTEE  
Name            LOGEMAN, BRUCE  
Address        156 HAWTHORNE DRIVE  
City-State-Zip: INGLIS FL 34449

Title            TRUSTEE  
Name            SEACE, RUSSELL C  
Address        PO BOX 631  
City-State-Zip: INGLIS FL 34449

**Continues on page 2**

*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:** RICK DEPUE

**PRESIDENT**

**04/30/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title TRUSTEE  
Name DREBLOW, RICHARD E  
Address PO BOX 608  
City-State-Zip: INGLIS FL 34449