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**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortman
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 MAY -1 PM 8:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 752056 (2)

1. Corporation Name
LAKE PANASOFFKEE POST NO 10084 VETERANS OF FOREIGN WARS OF THE UNITED STATES, INC.

Principal Place of Business HWY 470 & C.R. 439 P O BOX 391 LAKE PANASOFFKEE FL 33538	Mailing Address HWY 470 & C.R. 439 P O BOX 391 LAKE PANASOFFKEE FL 33538
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 04/16/1980	3a. Date of Last Report 05/01/1994
4. FEI Number 23-7403193	Applied For <input type="checkbox"/> Not Applicable
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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under §. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

21. Principal Place of Business Suite, Apt. #, etc. 22 City & State 23 Zip 24	2a. Mailing Address Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country 30
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9. Name and Address of Current Registered Agent
**ANTLEY, WILLIAM
P.O. BOX 144 NA
LAKE PANASOFFKEE FL 33538**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing) DATE _____

12. OFFICERS AND DIRECTORS

TITLE PD	NAME ANTLEY, WILLIAM J.
STREET ADDRESS CR 452A	CITY - ST - ZIP LAKE PANASOFFKEE FL
TITLE V	NAME HAVENS, CHAETINE B
STREET ADDRESS CR 405D	CITY - ST - ZIP LK PANASOFFKEE FL
TITLE STD	NAME SCHRAUFNAGEL, ELDRED
STREET ADDRESS CR #82-C	CITY - ST - ZIP LAKE PANASOFFKEE FL
TITLE T	NAME WELDON, JACKSON P.
STREET ADDRESS CR 330	CITY - ST - ZIP LK PANASOFFKEE FL
TITLE D	NAME FOSTER, SAM
STREET ADDRESS 128 W. NOBLE AVE.	CITY - ST - ZIP BUSHNELL FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD	NAME HAVENS, CHASTINE B.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 STREET ADDRESS 3570 CR 405D	1.4 CITY - ST - ZIP LAKE PANASOFFKEE, FL 33538	
2.1 TITLE V	NAME JYSON, JERRY E. SR.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 STREET ADDRESS 524 N.W. 13TH DR.	2.4 CITY - ST - ZIP LAKE PANASOFFKEE, FL 33538	
3.1 TITLE ST	NAME FIELDS, THOMAS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 STREET ADDRESS 1853 N.W. 115TH AVE	3.4 CITY - ST - ZIP OXFORD, FLORIDA 34484	
4.1 TITLE D	NAME ROBERTS, JAMES	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 STREET ADDRESS 11136 NW 15TH ST	4.4 CITY - ST - ZIP WILDWOOD, FLORIDA 34785	
5.1 TITLE D	NAME COWLES, ROSS C.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 STREET ADDRESS 1557 CR 434A	5.4 CITY - ST - ZIP LAKE PANASOFFKEE, FLORIDA 33538	
6.1 TITLE TR	NAME TYSON, JERRY E. JR.	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 STREET ADDRESS 524 NW 13TH DR.	6.4 CITY - ST - ZIP LAKE PANASOFFKEE, FL 33538	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(d), 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 817, Florida Statutes; and that my name appears in Block 12 or Block 13 (if changed), or on an attachment with an address.

SIGNATURE: _____ Date: **April 25 - 95** (904) 793-1405
SIGNATURE AND TYPED OR PRINTED NAME OF BOILING OFFICER OR DIRECTOR
PRESIDENT/DIRECTOR