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Feb 11 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 752056 (2)

1. Corporation Name

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

Principal Place of Business

Mailing Address

HWY 470 & C.R. 439
P O BOX 391
LAKE PANASOFFKEE FL 33538

HWY 470 & C.R. 439
P O BOX 391
LAKE PANASOFFKEE FL 33538

3. Date Incorporated or Qualified
04/16/1980

3a. Date of Last Report
01/31/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

4. FEI Number

23-7403193

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FIELD, THOMAS
POST OFFICE BOX 181
OXFORD FL 34484

81 Name BETTENCOURT, DONALD

82 Street Address (P.O. Box Number is Not Acceptable)

4699 CR. 305

83

84 City LAKE PANASOFFKEE FL

85 Zip Code 33538

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 *Donald Bettencourt* DONALD BETTENCOURT

2-5-97

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME HAVENS, CHASTINE B.
STREET ADDRESS 3570 CR 405D
CITY-ST-ZIP LAKE PANASOFFKEE FL

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE V
NAME TYSON, JERRY E. SR.
STREET ADDRESS 524 N.W. 13TH DR.
CITY-ST-ZIP LAKE PANASOFFKEE FL

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ST
NAME FIELDS, THOMAS
STREET ADDRESS 1853 N.W. 115TH AVE.
CITY-ST-ZIP OXFORD FL

3.1 TITLE ST
3.2 NAME BETTENCOURT, DONALD
3.3 STREET ADDRESS PO BOX 421
3.4 CITY-ST-ZIP LAKE PANASOFFKEE, FL 33538

TITLE D
NAME ROBERTS, JAMES
STREET ADDRESS 11136 NW 15TH ST
CITY-ST-ZIP WILDWOOD FL

4.1 TITLE D
4.2 NAME HANEY, CHARLES M
4.3 STREET ADDRESS PO BOX 1373
4.4 CITY-ST-ZIP LAKE PANASOFFKEE FL 33538

TITLE D
NAME COWLES, ROSS C.
STREET ADDRESS 1557 CR 434 A
CITY-ST-ZIP LAKE PANASOFFKEE FL

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE D
NAME DUPONT, ARMAND G. III
STREET ADDRESS POST OFFICE BOX 981
CITY-ST-ZIP BUSHNELL FL

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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.

CR2E037 (9/96)