

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 25, 2002 8:00 am
Secretary of State

02-25-2002 90069 034 ****61.25

DOCUMENT # 752056

1. Entity 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

2. Principal Place of Business	3. Mailing Address		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State	City & State		
Zip	Country	Zip	Country

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. Name and Address of Current Registered Agent MCCANN, DAVE 4647 NW 45TH LANE LAKE PANASOFFKEE FL 33538	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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8. 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 Coleman, Frederick M. Quartermaster DATE 2/14/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE P	MCCANN, DAVE 4647 NW 45 LANE LAKE PANASOFFKEE FL 33538 <input checked="" type="checkbox"/> Delete	TITLE Commander	Boyer, Eugene T PO BOX 237 LAKE PANASOFFKEE FL 33538 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VP	BOYER, JOE 2305 CR 453 LAKE PANASOFFKEE FL 33538 <input checked="" type="checkbox"/> Delete	TITLE 8. VICE COMMANDER	MILLINGS, JAMES R 3590 CR 405 LAKE PANASOFFKEE, FL 33538 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE ST QUARTERMASTER	COLEMAN, FREDERICK 1766 CR 543B SUMTERVILLE FL 33585 <input type="checkbox"/> Delete	TITLE	
TITLE ADJUTANT	MCCANN, DAVE 4647 N.W. 45TH LANE LAKE PANASOFFKEE FL 33538 <input type="checkbox"/> Delete	TITLE	
TITLE JRVP	PARKS, ROBERT D 815 27TH ST W BRADENTON FL 34205-4148 <input checked="" type="checkbox"/> Delete	TITLE JR VICE COMMANDER	DAVIS, ORVILLE W 4647 NW 45TH LANE LAKE PANASOFFKEE FL 33538 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D	ROBERTS, JAMES 11136 NW 15 ST WILDWOOD FL 34785 <input checked="" type="checkbox"/> Delete	TITLE TRUSTEE	Ferland, Henry J. P.O. BOX 487 LAKE PANASOFFKEE FL 33538 <input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Frederick Coleman **WIRED** DATE 2/14/02 DAYTIME PHONE # 352-793-2054
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)