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CORPORATION
ANNUAL REPORT
1995



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

APPROVED
FILED
95 FEB 10 AM 8:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N31908 (9)**

1. Corporation Name

**MOON LAKE POST NO. 7845 VETERANS OF FOREIGN WARS
OF THE UNITED STATES, INC.**

Principal Place of Business Mailing Address
P.O. BOX 7845 V.F.W. OF U.S. V.F.W. POST 7845
8604 MOON LAKE ROAD P.O. BOX 939
NEW PORT RICHEY FL 34654 NEW PORT RICHEY FL 34656
US

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified **04/25/1989** 3a. Date of Last Report **01/20/1994**
4. FEI Number **59-2912271** 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

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
24 Zip Country 25 Zip Country 29 Zip Country 30 Zip Country

9. Name and Address of Current Registered Agent
**VELIKO, FRANK
7742 RADCLIFFE CIRCLE
PORT RICHEY FL 34688**

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 Frank Veliko **Frank Veliko** DATE 1/12/95
Signature typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	C CANNATA, NICHOLAS A. 8922 MARTINIQUE LN. PORT RICHEY FL D
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VC EVERETT, WILLIS 6811 BUD STREET HUDSON FL D
TITLE NAME STREET ADDRESS CITY - ST - ZIP	O VELIKO, FRANK 7742 RADCLIFF CIRCLE PORT RICHEY FL D
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VC IAVARONE, JOHN 8438 LURAY DR. PORT RICHEY FL D
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	VC Noriega, Raul 8730 Bermuda Lane Port Richey Fl. D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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)(b), 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 in an attachment with an address.

SIGNATURE Nicholas A. Cannata **Nicholas A. Cannata** DATE 1/12/95 **813-846-0180**
Signature typed or printed name of signing officer or director

\$ Deposited by Bank 2/10/95