

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N31908** (9)
1. Corporation Name

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



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

3. Date Incorporated or Qualified: **04/25/1989**
3a. Date of Last Report: **02/10/1995**

21	2. Principal Place of Business	26	2a. Mailing Address	4.	FEI Number 59-2912271	Applied For
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	5.	Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	City & State	28	City & State	6.	Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Zip	29	Zip	8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
25	Country	30	Country			

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**VELIKO, FRANK
7742 RADCLIFFE CIRCLE
PORT RICHEY FL 34668**

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	cd <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CANNATA, NICHOLAS A.	1.2 NAME	Willis Everett
STREET ADDRESS	8922 MARTINIQUE LN.	1.3 STREET ADDRESS	9811 Bud St
CITY - ST - ZIP	PORT RICHEY FL	1.4 CITY - ST - ZIP	Hudson Fl 34669
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NORIEGA, RAUL	2.2 NAME	
STREET ADDRESS	8730 BERMUDA LANE	2.3 STREET ADDRESS	
CITY - ST - ZIP	PORT RICHEY FL	2.4 CITY - ST - ZIP	
TITLE	OD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VELIKO, FRANK	3.2 NAME	
STREET ADDRESS	7742 RADCLIFF CIRCLE	3.3 STREET ADDRESS	
CITY - ST - ZIP	PORT RICHEY FL	3.4 CITY - ST - ZIP	
TITLE	VCD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	IAVARONE, JOHN	4.2 NAME	
STREET ADDRESS	8438 LURAY DR.	4.3 STREET ADDRESS	
CITY - ST - ZIP	PORT RICHEY FL	4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

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 119.07(3)(k), 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.

SIGNATURE: **Frank Veliko** *Frank Veliko* 1/19/96 813-847-7812
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)