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Jan 27 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT



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

1997 1-27-97 B- 0835 C

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.
8604 MOON LAKE ROAD
NEW PORT RICHEY FL 34654

V.F.W. POST 7845
P.O. BOX 839
NEW PORT RICHEY FL 34656-0939
US

3. Date Incorporated or Qualified
04/25/1989

3a. Date of Last Report
01/25/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

59-2912271

Applied For

Not Applicable

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

22 City & State

27 City & State

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

23 Zip

Country

28 Zip

Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

24

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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

FL

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE CD DELETE
NAME EVERETT, WILLIS
STREET ADDRESS 9811 BUD ST
CITY-ST-ZIP HUDSON FL

1.1 TITLE Commander Change Addition
1.2 NAME Nicholas A Cannata
1.3 STREET ADDRESS 8922 Martinique Ln
1.4 CITY-ST-ZIP Port Richey Fl 34668

TITLE D DELETE
NAME NORIEGA, RAUL
STREET ADDRESS 8730 BERMUDA LANE
CITY-ST-ZIP PORT RICHEY FL

2.1 TITLE Sr Vice Commander Change Addition
2.2 NAME James Pellerino
2.3 STREET ADDRESS 6539 Outer Dr
2.4 CITY-ST-ZIP Port Richey Fl 34668

TITLE QD DELETE
NAME VELIKO, FRANK
STREET ADDRESS 7742 RADCLIFF CIRCLE
CITY-ST-ZIP PORT RICHEY FL

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE VCD DELETE
NAME IAVARONE, JOHN
STREET ADDRESS 8438 LURAY DR.
CITY-ST-ZIP PORT RICHEY FL

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE Change Addition
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.

SIGNATURE: Frank Veliko *Frank Veliko* Quartermaster

1/13/97

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0088170

CR2E037 (9/96)