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Jan 21 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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3. Date Incorporated or Qualified
04/25/1989

4. FEI Number
59-2912271

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. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.
 Yes No *N/A*

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent

VELIKO, FRANK
7742 RADCLIFFE CIRCLE
PORT RICHEY FL 34668

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 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD EVERETT, WILLIS 9811 BUD ST HUDSON FL <input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NORIEGA, RAUL 8730 BERMUDA LANE PORT RICHEY FL <input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	QD VELIKO, FRANK 7742 RADCLIFF CIRCLE PORT RICHEY FL <input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCD IAVARONE, JOHN 8438 LURAY DR. PORT RICHEY FL <input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C CANNATA, NICHOLAS A 8922 MARTINIQUE LN PT RICHEY FL <input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVC PELLIRINO, JAMES 6539 OUTER DR PT RICHEY FL <input checked="" type="checkbox"/> DELETE

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	Senior Vice Commander <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Nicholas Cannata 8922 Martinique Ln Port Richey Fl 34668
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	chaplain <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Charles Bolduc A 17959 Arch Avenue New Port Richey Fl. 34654
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	Adjutant <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Jules Bradley 9631 Rainbow Ln Port Richey Fl. 34668

14. 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 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: _____ **SIGNATURE REQUIRED** *Frank Veliko 1/8/98 813-847-7812*

CR2E097 (10/97)