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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N31908 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 839 NEW PORT RICHEY FL 34656 US	



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	Suite, Apt. #, etc	26	Suite, Apt. #, etc.	04/25/1989	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-2912271	
24 Country		29 Country		5. Certificate of Status Desired	
				<input type="checkbox"/> \$8.75 Additional Fee Required <input type="checkbox"/> \$5.00 May Be Added to Fees	
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 reappointing) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	Commander <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EVERETT, WILLIS	1.2 NAME	Cannata, Nicholas A <input checked="" type="checkbox"/> D
STREET ADDRESS	9811 BUD ST	1.3 STREET ADDRESS	8922 Martinique Ln
CITY-ST-ZIP	HUDSON FL	1.4 CITY-ST-ZIP	Port Richey, Fl. 34668
TITLE	SVC <input checked="" type="checkbox"/> DELETE	2.1 TITLE	Sr Vice Commander <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CANNATA, NICHOLAS	2.2 NAME	Everett, Willis <input checked="" type="checkbox"/> D
STREET ADDRESS	8922 MARTINIQUE LN	2.3 STREET ADDRESS	9811 Bud St
CITY-ST-ZIP	PORT RICHEY FL 34668	2.4 CITY-ST-ZIP	Hudson Fl. 34667
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 checked="" type="checkbox"/> DELETE	4.1 TITLE	Jr Vice Commander <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	IAVARONE, JOHN	4.2 NAME	Testa, Frank <input checked="" type="checkbox"/> D
STREET ADDRESS	8438 LURAY DR.	4.3 STREET ADDRESS	7709 Radcliffe Ci
CITY-ST-ZIP	PORT RICHEY FL	4.4 CITY-ST-ZIP	Port Richey, Fl. 34668
TITLE	C <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOLDUC, CHARLES A	5.2 NAME	
STREET ADDRESS	17959 ARCH AVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	PT RICHEY FL 34654	5.4 CITY-ST-ZIP	
TITLE	A <input checked="" type="checkbox"/> DELETE	6.1 TITLE	Adjutant <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRADLE, JULES V	6.2 NAME	Testa, Frank <input checked="" type="checkbox"/> D
STREET ADDRESS	9631 RAINBOW LN	6.3 STREET ADDRESS	7709 Radcliffe Ci
CITY-ST-ZIP	PT RICHEY FL 34668	6.4 CITY-ST-ZIP	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, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED** Frank Veliko 1/6/98 727 847-7812
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR *Frank Veliko* Daytime Phone # _____

CR2E037 (1/98)