

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 08, 2003 8:00 am**  
**Secretary of State**

01-08-2003 90045 003 \*\*\*\*61.25

**DOCUMENT # N99000002022**  
1. Entity Name  
**VERO BEACH POST 3918 VETERANS OF FOREIGN WARS OF THE UNITED STATES, INC.**



Principal Place of Business  
**1535 OLD DIXIE HIGHWAY  
VERO BEACH FL 32960**

Mailing Address  
**P.O. BOX 5058  
VERO BEACH FL 32960**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

4. FEI Number **59-2972278**  
Applied For  
Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**  
**MERCHANT, JOHN E  
1871 ROBALO DR  
VERO BEACH FL 32960**

**7. Name and Address of New Registered Agent**  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**Make Check Payable to Florida Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE	<b>C</b>	<input type="checkbox"/> Delete
NAME	<b>HORAM, HARDY J</b>	
STREET ADDRESS	<b>2138 20TH AVE</b>	
CITY-ST-ZIP	<b>VERO BEACH FL 32960</b>	
TITLE	<b>QTRM</b>	<input type="checkbox"/> Delete
NAME	<b>MERCHANT, JOHN E</b>	
STREET ADDRESS	<b>1871 ROBALO DR</b>	
CITY-ST-ZIP	<b>VERO BEACH FL 32960</b>	
TITLE	<b>SRVC</b>	<input type="checkbox"/> Delete
NAME	<b>MURRAY, RICHARD</b>	
STREET ADDRESS	<b>11TH STREET</b>	
CITY-ST-ZIP	<b>VERO BEACH FL 32966</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>WALKER, THOMAS A</b>	
STREET ADDRESS	<b>6825 37TH STREET</b>	
CITY-ST-ZIP	<b>VERO BEACH FL 32966</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>COCHRAN, CORBET</b>	
STREET ADDRESS	<b>1800 34TH AVE</b>	
CITY-ST-ZIP	<b>VERO BEACH FL 32966</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>CHADHAM, THOMAS</b>	
STREET ADDRESS	<b>74 DAUBY COVE</b>	
CITY-ST-ZIP	<b>VERO BEACH FL 32966</b>	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Horan, Hardy J.</b>	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *John E. Merchant* **Quartermaster 1/5/03** 772-770-4820

CFR2E037 (10/02)