


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Mar 24, 2005 8:00 am
Secretary of State

03-24-2005 90039 033 ****61.25

DOCUMENT # 700912					
1. Entity Name TAMIAMI MEMORIAL POST NO. 8118, VETERANS OF FOREIGN WARS OF THE UNITED STATES,					
Principal Place of Business 832 E VENICE AVE VENICE FL 34292		Mailing Address 832 E VENICE AVE VENICE FL 34292			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-1089975	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WRIGHT, BERT 1216 1/2 PINELAND AVE. VENICE FL 34292			7. Name and Address of New Registered Agent Name Joseph Sutcliffe Street Address (P.O. Box Number is Not Acceptable) 963 Roseau, East City Venice FL Zip Code 34285		
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 <i>Joseph Sutcliffe</i>		(NOTE: Registered Agent signature required when reinstating)		DATE 3/19/05	
FILE NOW: FEE IS \$61.25 Due By May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WRIGHT, BERT 1216 1/2 PINELAND AVE. VENICE FL 34285	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Joseph Sutcliffe 963 Roseau East Venice, FL 34285	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MOWAT, JAMES 864 BAVENO DR VENICE FL 34285	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LEPAGE, ARTHUR JR. 113-5TH ST EAST VENICE FL 34275	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOLA, GERALD 1020 CAPRI ISLES BLVD VENICE FL 34285	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>Arthur Lepage Jr.</i>		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE 3/18/05 Daytime Phone # 941 484 8118	