

**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Jan 31, 2008 8:00 am**  
**Secretary of State**

01-31-2008 90031 020 \*\*\*\*61.25

**DOCUMENT # 700912**  
 1. Entry 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 - No P.O. Box #  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

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

4. FEI Number: **59-1089975** Applied For:  Not Applicable

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



1st MOORE CR2E037 (10/07)

6. Name and Address of Current Registered Agent  
**THOENNISSSEN, WILHELM E JR  
 1552 WATERFORD DR  
 VENICE FL 34292**

7. Name and Address of New Registered Agent  
 Name: **ARTHUR LEPAGE JR.**  
 Street Address (P.O. Box Number is Not Acceptable):  
**113 5th St. East**  
 City: **VENICE FL 34275 FL** Zip Code: **34275**

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: **ARTHUR LEPAGE JR.** *Arthur Lepage Jr.* DATE: **1/26/08**  
Signature, typed or printed name of registered agent and title. Fiscal officer. (NOTE: Registered Agent signature is not required on this form.)

**FILE NOW: FEE IS \$61.25. Due By: May 1, 2008**

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P</b> <b>THOENNISSSEN, WIKHELM E JR</b> <b>1552 WATERFORD DR</b> <b>VENICE FL 34292</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>Commander</b> <b>JAMES E O'BRIEN</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>1033 GOLF COAST BLVD.</b> <b>VENICE FL 34292</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>T</b> <b>LEPAGE, ARTHUR JR</b> <b>113-5TH ST EAST</b> <b>VENICE FL 34275</b> <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	<b>V</b> <b>COOK, RALPH C</b> <input checked="" type="checkbox"/> Delete <b>3156 HERON SHORES DR</b> <b>VENICE FL 34293</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>SR. VICE COMMANDER</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>DEAN S. SMITH</b> <b>130 ONEIDA RD.</b> <b>VENICE FL 34293</b>
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
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 exemptions contained in Section 119, 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: *Arthur Lepage Jr.* **ARTHUR LEPAGE JR.** DATE: **1/26/08** 9414845118  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR