1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # 710080

1. Corporation Name

WEST PALM BEACH POST 2007 BUILDING CORPORATION, INC., VETERANS OF FOREIGN WAR

Principal Place of Business

Mailing Address

1126 CLARE AVENUE WEST PALM BEACH FL 33401

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FILED May 05, 1999 8:00 am § Secretary of State

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| 2. Principal P | Principal Place of Business 2a. Mailing Address 26 | | | | 3. Date Incorporated or Qualifed 12/21/1965 | | |
|---------------------|--|--------------------------------|--------------|-------------------------|---|--------------------------------|---------------|
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | , | | 4. FEI Number | A | polied For |
| 27 | | 27 | | | 59-0979243 | N | ot Applicable |
| City & State 28 | | City & State | City & State | | 5. Certificate of Status Desired | \$8.75 Additional Fee Required | |
| Žip | Country | Zip | Cou | ntry | 6. Election Campaign Financing | \$5.00 | May Be |
| 24 | 25 | 29 | 30 | | Trust Fund Contribution | 1 | to Fees |
| | 9. Name and Address of Curre | nt Registered Agent | | | 10. Name and Address of New Regi | stered Agent | |
| | | | | 81 Name | - | | |
| GAYNOR, JOHN J | | | | 82 Street Add | ress (P.O. Box Number is Not Acceptable | | |
| 146 HAMPTON CIR | | | | 02 Sileer Aud | ress (F.O. Box Number is Not Acceptable | , | |
| JUPITER I | | | | 83 | | | |
| VOLITER | 1 2 00-50 | | | <u></u> | | | |
| | • • | | | 84 City | • ' | FL 85 Zip | Code |
| 11. Pursuant | to the provisions of Sections 617 050 | 2 and 617.1508. Florida Statut | es. the a | bove-named com | poration submits this statement for the pur | _ | registered |
| office or r | registered agent, or both, in the State | of Florida. Such change was a | uthorized | by the corporati | on's board of directors. I hereby accept th | e appointment as re | gistered |
| agent. I a | m familiar with, and accept the obliga | | nda Stati | utes. | | 1. 1/0 | |
| SIGNATURE | Signature, typed or printed name of registered age | YNOK | { | C | 41 | 25/97 | |
| 12. | | ID DIRECTORS | 13. | Agent signature require | ADDITIONS/CHANGES TO OFFICE | ERS AND DIRECTO | ORS IN 12 |
| TITLE | PD | ☐ DELETE | 1.1 70 | TF T | | Change | Addition |
| NAME (| GAYNOR, JOHN | _ | 1.2 NA | 1 | | | |
| STREET ADDRESS | 146 HAMPTON CIR. | | | REET ADDRESS | | | |
| | JUPITER FL | | | į į | | | |
| CITY-ST-ZIP TITLE | T DELETE | | 2.1 TI | TY-ST-ZIP | | Change | Addition |
| NAME | GISI, CARMEN | | 2.2 NA | | | | |
| ** | 2401 MARINA ISLES WAY | | | ļ. | | | |
| STREET ADDRESS | JUPITER FL 33477 | • | | REET ADDRESS | | | |
| CITY-ST-ZIP | T | () DELETE | 3.1 Til | TY-ST-ZIP | | Change | Addition |
| NAME | <u>-</u> | | 3.1 M | 1 | | ondingo | |
| i | MCDONALD, JAMES 4973 PINE KNOTT LANE | | 1 | REET ADDRESS | | | |
| STREET ADDRESS | l . | | 1 | ·] | | | |
| TITLE | WEST PALM BEACH FL 33497 VC | ☐ DELETE | 3.4. Cr | TY-ST-ZIP | | [Change | ☐ Addition |
| NAME | PAUL, WILLIE | ب محدداد | 4. 2 N | | | | |
| | 628 PUTTER PT | | | | | | |
| STREET ADDRESS | | | | REET ADDRESS | | | |
| CITY-ST-ZIP TITLE | WEST PALM BEACH FL 33401 | DELETE | 5.1 TIT | TY-ST-ZIP | | Change | Addition |
| NAME [| SCACCIA ANTHONY | C) OLCER | 5.1 III | 1 | | □ ¢i-ailige | |
| | SCACCIA, ANTHONY 806 HARDEN ST | | | REET ADDRESS | | | |
| STREET ADDRESS | • | | | TY-ST-ZIP | | | |
| C/TY-ST-ZIP | WEST PALM BEACH FL 33401 | DELETE | | | | Change | Addition |
| TITLE | LIANDUNO DAV | | 6.2 NA | | | Chailde | T VOCATORS |
| NAME | HANDLING, RAY | | 1 | | | | |
| STREET ADDRESS | 6261 18TH STREET S. | | | REET ADDRESS | | | |
| CON ST 700 | W PAIM REACH EL 22415 | | ■ 64 CF | ry-st-zuP l | | | |

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 anglers, with all other like empowered.

SIGNATURE:

SIGNATURIDE SUIRED SIGNATURE AND TYPED OR PRINTED NAME OF SUNING OFFICE OR DIRECTOR