FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 PM 4:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 726448 (4)

1. Corporation Name

CHESTER MCKAY POST NO. 7987, VETERANS OF FOREIGN WARS OF THE UNITED STATES, INC.

Principal Place of Business	Mailing Address
7445 CHESTER MCKAY DRIVE NEW PORT RICHEY FL 34655	7445 CHESTER MCKAY DRIVE NEW PORT RICHEY FL 34655

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/21/1973
3a. Date of Last Report: 02/03/1994
4. FEI Number: 59-6162539 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

COX WILFRED V
7445 CHESTER MCKAY DRIVE
NEW PORT RICHEY FL 34655

10. Name and Address of New Registered Agent

81 Name: RUSSELL R. HOCKER
82 Street Address (P.O. Box Number is Not Acceptable): 7445 CHESTER MCKAY DRIVE
83
84 City: NEW PORT RICHEY **FL** 85 Zip Code: 34655

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Russell R Hocker — 4-24-95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	C	1.1 TITLE	C	☒ Change ☐ Addition
NAME	COX, WILFRED	1.2 NAME	WRIGHT, JAMES	
STREET ADDRESS	7445 CHESTER MCKAY DR	1.3 STREET ADDRESS	7445 CHESTER MCKAY DR	D
CITY-ST-ZIP	NEW PORT RICHEY FL	1.4 CITY-ST-ZIP	NEW PORT RICHEY, FL 34655	
TITLE	Q	2.1 TITLE	Q	☒ Change ☐ Addition
NAME	O'BRIEN, JOHN J.	2.2 NAME	RUSSELL R. HOCKER	
STREET ADDRESS	7445 CHESTER MCKAY DR	2.3 STREET ADDRESS	7445 CHESTER MCKAY DR	T
CITY-ST-ZIP	NEW PROT RICHEY FL	2.4 CITY-ST-ZIP	NEW PORT RICHEY, FL 34655	
TITLE	SVC	3.1 TITLE	SVC	☒ Change ☐ Addition
NAME	WRIGHT, JAMES	3.2 NAME	ALAN A. ROMAN	
STREET ADDRESS	7445 CHESTER MCKAY DR	3.3 STREET ADDRESS	7445 CHESTER MCKAY DR	D
CITY-ST-ZIP	NEW PORT RICHEY FL	3.4 CITY-ST-ZIP	NEW PORT RICHEY, FL 34655	
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: Jonnar F Wright — 4-24-95 (813) 376-3502
SIGNATURE AND TYPED OR PRINTED NAME OF REQUIRED OFFICER OR DIRECTOR — Date — Daytime Phone #

0087894