FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996

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

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

700001908527
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3. Date Incorporated or Qualified: 05/21/1973	3a. Date of Last Report: 05/01/1995
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
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

HOCKER, RUSSELL K
7445 CHESTER MCKAY DRIVE
NEW PORT RICHEY FL 34655

10. Name and Address of New Registered Agent

81 Name: James F. Reynolds
82 Street Address (P.O. Box Number is Not Acceptable): 7445 Chester McKay DR.
83
84 City: New Port Richey FL 85 Zip Code: 34655

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: James F Reynolds / Charles F Paxton — 4/27/96
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	CD WRIGHT, JAMES 7445 CHESTER MCKAY DR NEW PORT RICHEY FL 34655 ☒ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	COMMANDER William Mayes 7445 Chester McKay DR. VOID New Port Richey FL. 34655 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	QT HOCKER, RUSSELL K 7445 CHESTER MCKAY DR NEW PORT RICHEY FL 34655 ☒ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	QUARTER MASTER JAMES F. Reynolds 7445 Chester McKay DR. VOID New Port Richey FL. 34655 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SVCO ROMAN, ALAN A 7445 CHESTER MCKAY DR NEW PORT RICHEY FL 34655 ☒ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	SR VICE ~~ADJ~~ Charles PAXTON 7445 Chester McKay DR. VOID New Port Richey FL. 34655 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CD Ed. Valejovich 7445 Chester McKay Dr VOID NPR. FL 34655 Trustee ☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	PD JOHN A. WEINZ 4603 PORTLAND MANOR DRIVE NEW PORT RICHEY, FL. 34655 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Al Rabideaux 7445 Chester McKay Dr N/PR Fl. 34655 Trustee ☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	SD JAMES REYNOLDS 4652 SWALLOWTAIL DR. NEW PORT RICHEY, FL. 34655 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D RONALD YEAGER 1506 HIBISCUS CT. N OLDSMAR, FL 34677 ☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	D EMIL IGNELZI 3272 LAVERNE CT. NEW PORT RICHEY, FL. 34655 ☐ Change ☐ Addition

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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)(k), 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: James F Reynolds Jr — 2-13-1996
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #