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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

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

3. Date Incorporated or Qualified: 05/21/1973

4. FEI Number: 59-6162539 ☐ Applied For ☐ Not Applicable

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

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. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
REYNOLDS, JAMES F 7445 CHESTER MCKAY DRIVE NEW PORT RICHEY FL 34655	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD WEINZ, JOHN A 4603 PORTLAND MANOR DR. NEW PT. RICHEY FL 34655	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	Commander Ignelzi, Emil 3272 Laverne Ct. New Port Richey, Fl. 34655	☒ Change ☐ Addition D
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD REYNOLDS, JAMES 4652 SWALLOW TAIL DR. NEW PT. RICHEY FL 34655	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	REYNOLDS JAMES 4652 SWALLOW TAIL DR NEW PORT RICHEY, FL 34655	☐ Change ☐ Addition D
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D IGNELZI, EMIL 3272 LAVERNE CT. NEW PT. RICHEY FL 34655	☒ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	Service Commander PAXTON, CHARLES F 7853 PUTNAM CIR NEW PORT RICHEY, FL 34655	☒ Change ☐ Addition D
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VALENJEVICK, EDWARD S 7320 CARLTON ARMS DR NEW PORT RICHEY, FL 34653	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	VALENJEVICK, EDWARD S 7320 CARLTON ARMS DR NEW PORT RICHEY, FL 34653	☒ Change ☐ Addition T
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	HOCKER, RUSSELL 3153 LAIRD DR NEW PORT RICHEY, FL 34655	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	HOCKER, RUSSELL 3153 LAIRD DR NEW PORT RICHEY, FL 34655	☒ Change ☐ Addition T
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	RABIDEAUX, ALOYSIOUS 3353 MURROW ST NEW PORT RICHEY, FL 34655	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	RABIDEAUX, ALOYSIOUS 3353 MURROW ST NEW PORT RICHEY, FL 34655	☒ Change ☐ Addition T

CR2E037 (10/97)

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 attached amendment, if applicable.

SIGNATURE: Emil Ignelzi James F Reynolds