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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **726448**

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

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualifed
21 CHESTER MCKAY POST 7987	28	05/21/1973
Suite, Apt. #, etc. 22 VETERANS OF FOREIGN WARS 7445 CHESTER McKAY DR.	Suite, Apt. #, etc. 27	4. FEI Number 59-6162539 ☐ Applied For ☐ Not Applicable
City & State 23 NEW PORT RICHEY, FL 34655	City & State	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip / Country 24 / 25	Zip / Country 29 / 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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 CHESTER MCKAY POST 7987 82 Street Address (P.O. Box Number is Not Acceptable) VETERANS OF FOREIGN WARS 83 7445 CHESTER MCKAY DR. 84 City NEW PORT RICHEY, FL 34655 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.

X [signature] 1/6/99
SIGNATURE — 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	CD	☐ DELETE	1.1 TITLE	COMMANDER	☐ Change ☐ Addition
NAME	IGNELZI, EMIL		1.2 NAME	LEE, RONALD G	
STREET ADDRESS	3272 LAVERNE CT.		1.3 STREET ADDRESS	200 STARCREST DR 141	
CITY-ST-ZIP	NEW PORT RICHEY FL 34655		1.4 CITY-ST-ZIP	CLEARWATER, FL 33765	
TITLE	D	☐ DELETE	2.1 TITLE	QUARTERMASTER	☐ Change ☐ Addition
NAME	REYNOLDS, JAMES		2.2 NAME	REYNOLDS, JAMES	
STREET ADDRESS	4652 SWALLOW TAIL DR.		2.3 STREET ADDRESS	4652 swallow tail dr	
CITY-ST-ZIP	NEW PORT RICHEY FL 34653		2.4 CITY-ST-ZIP	NEW PORT RICHEY, FL 34655	
TITLE	D	☐ DELETE	3.1 TITLE	ANDERSON FRANK O	☐ Change ☐ Addition
NAME	PAXTON, CHARLES F		3.2 NAME	2913 WESTMORELAND CT	
STREET ADDRESS	7853 PUTNAM CIR.		3.3 STREET ADDRESS	NEW PORT RICHEY, FL 34655	
CITY-ST-ZIP	NEW PORT RICHEY FL 34655		3.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	4.1 TITLE	VALENJEVICK, EDWARD S	☐ Change ☐ Addition
NAME	VALENJEVICK, EDWARD S		4.2 NAME	7320 CARLTON ARMS dr	
STREET ADDRESS	7320 CARLTON ARMS DR		4.3 STREET ADDRESS	NEw port richey, Fl 34653	
CITY-ST-ZIP	NEW PORT RICHEY FL 34653		4.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	5.1 TITLE	TRUSTEE	☐ Change ☐ Addition
NAME	HOCKER, RUSSELL		5.2 NAME	HOCKER, RUSSELL	
STREET ADDRESS	3153 LAIRD DR		5.3 STREET ADDRESS	3153 LAIRD DR	
CITY-ST-ZIP	NEW PORT RICHEY FL 34655		5.4 CITY-ST-ZIP	NEW PORT RICHEY, FL 34655	
TITLE	T	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	RABIDEAUX, ALOYSIOUS		6.2 NAME	BOYKO, FRANK JR ASST QM	
STREET ADDRESS	3353 MURROW ST		6.3 STREET ADDRESS	3550 MURROW ST	
CITY-ST-ZIP	NEW PORT RICHEY FL 34655		6.4 CITY-ST-ZIP	NEW PORT RICHEY, FL 34655	

CR2E037 (11/98)

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 address, with all other like empowered.*

SIGNATURE: SIGNATURE REQUIRED 1/6/99