


FILE NOW: FILING FEE IS \$61.25

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Jul 20, 1999 8:00 am
Secretary of State

07-20-1999 90025 032 ****70.00

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| NONPROFIT CORPORATION ANNUAL REPORT 1999 | |  | | FLORIDA DEPARTMENT OF STATE Katherine Harrits Secretary of State DIVISION OF CORPORATIONS | |
| DOCUMENT # 732168 | | | | | |
| 1. Corporation Name GOLDEN GATE POST NO. 7721 VETERANS OF FOREIGN WA RS OF THE UNITED STATES, INC. | | | | | |
| Principal Place of Business 800 NEFF'S WAY NAPLES FL 33999 | | | Mailing Address 800 NEFF'S WAY NAPLES FL 33999 | | |



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|--|--|---|--|---|--|
| 2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24 34119 25 | | 2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 34119 30 | | 3. Date Incorporated or Qualified 03/17/1975 4. FEI Number 23-7325333 Applied For Not Applicable 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | |
|--|--|---|--|---|--|

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|---|--|--|--|--|--|--|--|
| 9. Name and Address of Current Registered Agent VICKARYOUS, JAMES A 6554 ILEX CIR NAPLES FL 34109 | | | | 10. Name and Address of New Registered Agent 81 Name RALPH J BALZARANO 82 Street Address (P.O. Box Number is Not Acceptable) 781 14TH ST. SE 83 84 City NAPLES FL 85 Zip Code 34117 | | | |
|---|--|--|--|--|--|--|--|

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 Ralph J Balzarano **RALPH J BALZARANO** **QUARTERMASTER** **5/25/99**
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 | D <input checked="" type="checkbox"/> DELETE | 1.1 TITLE | D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | | | |
| NAME | MURRAY, ROBERT B. | 1.2 NAME | DANIEL M MARCIS | | | | |
| STREET ADDRESS | 2143 PINWOOD CIR | 1.3 STREET ADDRESS | 2143 PINWOOD CIR. | | | | |
| CITY-ST-ZIP | NAPLES FL | 1.4 CITY-ST-ZIP | NAPLES FL 34116 | | | | |
| TITLE | D <input checked="" type="checkbox"/> DELETE | 2.1 TITLE | D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | | | | |
| NAME | MARCIS, DANIEL M | 2.2 NAME | RICHARD YEARWOOD | | | | |
| STREET ADDRESS | 2101 44TH TER SW | 2.3 STREET ADDRESS | 443 LAURELWOOD LA. | | | | |
| CITY-ST-ZIP | NAPLES FL 34116 | 2.4 CITY-ST-ZIP | NAPLES FL 34112 | | | | |
| TITLE | D <input checked="" type="checkbox"/> DELETE | 3.1 TITLE | D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | | | | |
| NAME | VICKARYOUS, JAMES | 3.2 NAME | RALPH J BALZARANO | | | | |
| STREET ADDRESS | 6554 ILEX CIR | 3.3 STREET ADDRESS | 781 14TH ST. SE | | | | |
| CITY-ST-ZIP | NAPLES FL 34109 | 3.4 CITY-ST-ZIP | NAPLES FL 34117 | | | | |
| TITLE | <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | | |
| NAME | | 4.2 NAME | | | | | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | | | | | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | | | | | |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | | |
| NAME | | 5.2 NAME | | | | | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | | | | | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | | | | | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | | |
| NAME | | 6.2 NAME | | | | | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | | | | | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | | | | | |

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: Ralph J Balzarano **RALPH J BALZARANO** **5/25/99** **941 455 7721**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0064576

CR2E037 (11/98)