

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 27, 2001 8:00 am
Secretary of State

0010096

02-27-2001 90361 029 ****61.25

DOCUMENT # 754221

1. Entity Name

ORMOND BEACH POST 4319 VETERANS OF FOREIGN WARS

Principal Place of Business

204 Standish Drive
 ORMOND BEACH FL 32176-3124
 US

Mailing Address

P O BOX 5073
 ORMOND BEACH FL 32175
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

23-7256646

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

Goater, Harry C.
204 Standish Drive
 ORMOND BCH FL 13176

7. Name and Address of New Registered Agent

Name *Goater, Harry C*
 Street Address (P.O. Box Number is Not Acceptable)
204 Standish Drive
Ormond Beach
 City **FL** Zip Code *32176*

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE *Harry C. Goater*
 Signature, typed or printed name of registered agent and title if applicable.

Quartermaster
 (NOTE: Registered Agent signature required when reinstating)

2-19-2001
 DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	S	<input type="checkbox"/> Delete
NAME	WHALEN, CHARLES F	
STREET ADDRESS	126 HILLDALE AVE	
CITY-ST-ZIP	ORMOND BEACH FL	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	KAURELIS, CHARLES	
STREET ADDRESS	154 SALVADOR PL	
CITY-ST-ZIP	ORMOND BCH FL 32174	
TITLE	D	<input type="checkbox"/> Delete
NAME	SULLIVAN, TIMOTHY D	
STREET ADDRESS	17 KATHY DR	
CITY-ST-ZIP	ORMOND BEACH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	HULSMAN, JOHN H	
STREET ADDRESS	1209 N BEACH ST	
CITY-ST-ZIP	ORMOND BEACH FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	GAVIN, PATRICK	
STREET ADDRESS	32 PLAZA DR	
CITY-ST-ZIP	ORMOND BEACH FL	
TITLE	OT	<input checked="" type="checkbox"/> Delete
NAME	DOUGLESS, PAUL J	
STREET ADDRESS	6 ASTON CIRCLE	
CITY-ST-ZIP	ORMOND BEACH FL 32174	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<i>Je. Vice C mdr.</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>Nicholas L. Celona</i>	
STREET ADDRESS	<i>130 Lynhugst Drive</i>	
CITY-ST-ZIP	<i>Ormond Beach, FL 32176</i>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<i>QT</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>HARRY C. Goater</i>	
STREET ADDRESS	<i>204 Standish Drive</i>	
CITY-ST-ZIP	<i>Ormond Beach, FL 32176</i>	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Harry C. Goater*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-19-2001 (904) 441-14-22
 Date Daytime Phone #

CR2E037 (10/00)



Attachment #
754221
**CHARITABLE ORGANIZATION
RENEWAL INFORMATION SHEET**

Solicitation of Contributions
(Chapter 496, Florida Statutes)

January 12, 2001

REPLY TO: DEPARTMENT OF AGRICULTURE &
CONSUMER SERVICES
ATTN: SOC SECTION
P. O. BOX 6700
TALLAHASSEE, FL 32314-6700
800-435-7352 / 850-410-3705
(FAX 850-487-4177)

Registration Number: SC-06031 Expiration Date: 03/24/2001 FEID Number: 23-7256646

In order for this registrant to continue to legally solicit in the state, registration must be renewed prior to the expiration date. Please return the forms with the appropriate registration fee and a copy of the Department's financial report form or the Internal Revenue Service Form 990 or 990-EZ, for the immediately preceding fiscal year, to the above address. After the above expiration date, include \$25 per month or part of each month the renewal is late with your fee.

1. Principal Street Address:

Name: VETERANS OF FOREIGN WARS - POST 4319

Street Address: POST OFFICE BOX 5073

City, State and Zip: ORMOND BEACH, FL 32175 Phone: (904) 441-5383

2. Principal Mailing Address:

Name: _____

Street Address: _____

City, State and Zip: _____

3. If registrant is out of Florida, person with custody of financial records:

Name: _____

Street Address: _____

City, State and Zip: _____ Phone: _____

4. Purpose for which contributions solicited: TO TEACH PATRIOTISM AND TO HELP DISABLED VETERANS

5. Organization also solicits under the following name(s):

- a. _____
- b. _____
- c. _____
- d. _____

6. IRS Tax exempt: Y (Y/N - If changed enclose copy of IRS notice) Fiscal Year End: 06/30/1999

7. Enclosed: Fee of \$ _____ based on contributions totaling \$ _____
(Include \$25 per month late fee, if applicable)

(Make check payable to Department of Agriculture and Consumer Services)

(Continued on back)

SOC Object Code:	001133
Organizational Code:	42100204000

ATTACHMENT A

Officers, Directors, Trustees, and Principal Salaried Executive Personnel
Solicitation of Contributions
(Chapter 496, Florida Statutes)



SC-06031

Please list officers, directors, trustees, and principal salaried executive personnel: (If none, check here and return.)

1. Name: GAVIN, PATRICK F. Title: COMMANDER
Address: POST OFFICE BOX 5073 Salaried (Y/N): N
City, State and ZIP: ORMOND BEACH, FL 32175 Phone: (904) 441-5383

2. Name: SULLIVAN, TIMOTHY D. Title: Service Officer
Address: POST OFFICE BOX 5073 Salaried (Y/N): N
City, State and ZIP: ORMOND BEACH, FL 32175 Phone: (904) 441-5383

3. Name: WHALEN, CHARLES F. Title: ADJUTANT
Address: POST OFFICE BOX 5073 Salaried (Y/N): N
City, State and ZIP: ORMOND BEACH, FL 32175 Phone: (904) 441-5383

4. Name: HUISMAN, JOHN H. Title: SR VICE COMMANDER
Address: POST OFFICE BOX 5073 Salaried (Y/N): N
City, State and ZIP: ORMOND BEACH, FL 32175 Phone: (904) 441-5383

5. Name: ~~DOUGLASS, PAUL J.~~ Goater, Harry C. Title: QUARTERMASTER
Address: POST OFFICE BOX 5073 Salaried (Y/N): N
City, State and ZIP: ORMOND BEACH, FL 32175 Phone: (904) 677-9885

6. Name: ~~HUMPHREY, RENE D~~ Celona, Nicholas L. Title: JR VICE COMMANDER
Address: POST OFFICE BOX 5073 Salaried (Y/N): N
City, State and ZIP: ORMOND BEACH, FL 32175 Phone: _____

7. Name: _____ Title: _____
Address: _____ Salaried (Y/N): _____
City, State and ZIP: _____ Phone: _____

Return of Organization Exempt From Income Tax

2000

Under section 501(c) of the Internal Revenue Code (except black lung benefit trust or private foundation), section 527, or section 4947(a)(1) nonexempt charitable trust

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2000 calendar year, or tax year period beginning July 1st, 2000, and ending June 30th, 2001

- B** Check if applicable:
- Change of address
 - Change of name
 - Initial return
 - Final return
 - Amended return

Please use IRS label or print or type. See Specific Instructions.

C Name of organization
Ormond Beach VFW Post 4319
Number and street (or P.O. box if mail is not delivered to street address) Room/suite
P.O. Box 5073
City or town, state or country, and ZIP code
Ormond Beach FL 32175

D Employer identification number
23: 7256646
E Telephone number
()
F Check if application pending

G Organization type (check only one) ▶ 501(c) () ◀ (insert no.) 527 or 4947(a)(1)

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

J Accounting method: Cash Accrual Other (specify) ▶

K Check here if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.

Note: H and I are not applicable to section 527 orgs.

- H(a)** Is this a group return for affiliates? Yes No
H(b) If "Yes," enter number of affiliates ▶
H(c) Are all affiliates included? Yes No
(If "No," attach a list. See inst.)
H(d) Is this a separate return filed by an organization covered by a group ruling? Yes No
I Enter 4-digit group exemption no. (GEN) ▶ 1676
L Check this box if the organization is not required to attach Schedule B (Form 990 or 990-EZ) ▶

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See Specific Instructions on page 16.)

Revenue	1 Contributions, gifts, grants, and similar amounts received:			
	a Direct public support	1a		
	b Indirect public support	1b		
	c Government contributions (grants)	1c		
	d Total (add lines 1a through 1c) (cash \$ _____ noncash \$ _____)	1d		
	2 Program service revenue including government fees and contracts (from Part VII, line 93)	2		
	3 Membership dues and assessments	3		
	4 Interest on savings and temporary cash investments	4		
	5 Dividends and interest from securities	5		
	6a Gross rents	6a		
	b Less: rental expenses	6b		
	c Net rental income or (loss) (subtract line 6b from line 6a)	6c		
7 Other investment income (describe ▶)	7			
8a Gross amount from sales of assets other than inventory	(A) Securities		(B) Other	
		8a		
	b Less: cost or other basis and sales expenses	8b		
	c Gain or (loss) (attach schedule)	8c		
d Net gain or (loss) (combine line 8c, columns (A) and (B))	8d			
9 Special events and activities (attach schedule)	a Gross revenue (not including \$ _____ of contributions reported on line 1a)	9a		
	b Less: direct expenses other than fundraising expenses	9b		
	c Net income or (loss) from special events (subtract line 9b from line 9a)	9c		
10a Gross sales of inventory, less returns and allowances:		10a		
	b Less: cost of goods sold	10b		
	c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c		
11 Other revenue (from Part VII, line 103)	11			
12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12			
Expenses	13 Program services (from line 44, column (B))	13		
	14 Management and general (from line 44, column (C))	14		
	15 Fundraising (from line 44, column (D))	15		
	16 Payments to affiliates (attach schedule)	16		
	17 Total expenses (add lines 16 and 44, column (A))	17		
Net Assets	18 Excess or (deficit) for the year (subtract line 17 from line 12)	18		
	19 Net assets or fund balances at beginning of year (from line 73, column (A))	19		
	20 Other changes in net assets or fund balances (attach explanation)	20		
	21 Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21		

AFFIDAVIT

STATE OF Florida

COUNTY OF Volusia

I, HARRY C. GOATER (Name), being first duly sworn say that I am the
Quartermaster (Treasurer or Chief Fiscal Officer) of VFW Post # 4319 (Name of Charitable Organization)

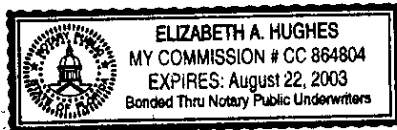
and further state as follows:

1. I am the individual who has completed the foregoing Charitable Organization Registration Statement;
2. I have read the foregoing Registration Statement and know the contents thereof;
3. The same is true to the best of my knowledge and belief; and
4. The Registration Statement is made for the purpose of complying with the provisions of Chapter 496, Florida Statutes, the Solicitation of Contributions Act.

Harry C. Goater
(Signature)

The foregoing instrument was acknowledged before me this 30th day of February, 192001, by HARRY C. GOATER, who is personally known to me or who has produced FLDL # G360-363-21-018-0 exp. 1-18-03 as identification and who did (did not) take an oath.

Elizabeth C. Hughes
(Notary Public)



My Commission Expires: _____
[496.405(2). F.S.]