FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

AND FILED

CORPORATION ANNUAL REPORT

1995

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

95 MAY -1 AM 7:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 759134 (0)

1. Corporation Name

LAKE MEMORIAL POST NO. 4705 VETERANS OF FOREIGN WARS OF THE UNITED STATES, INC.

Principal Place of Business	Mailing Address
2240 MARCELLA WAY P.O. BOX 490704 LEESBURG FL 34749-7704	2240 MARCELLA WAY P.O. BOX 490704 LEESBURG FL 34749-7704

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/13/1981
3a. Date of Last Report: 04/27/1994
4. FEI Number: 59-6144716 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ✓ $68.75 Supplemental Fee Not Required
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

ZAJIC LELAND L
204 N CHESTER ST
LEESBURG FL 32748

10. Name and Address of New Registered Agent

81 Name: LEWIS, GEORGE D.
82 Street Address (P.O. Box Number is Not Acceptable): 35423 CRESENT DRIVE
83:
84 City: FRUITLAND PARK FL 85 Zip Code: 34731

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: LEWIS, GEORGE D. PD George K. D. 3/10/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	PD	☒ Change ☐ Addition
NAME	ZAJIC, LELAND L	12 NAME	LEWIS, GEORGE D	
STREET ADDRESS	204 N CHESTER ST	13 STREET ADDRESS	35423 CRESIENT DRIVE	
CITY ST ZIP	LEESBURG FL	14 CITY ST ZIP	FRUITLAND PARK FL 34731	
TITLE	VD	21 TITLE	VD	☒ Change ☐ Addition
NAME	MCCORMICK, JOSEPH M	22 NAME	NUNES, L. CHARLES	
STREET ADDRESS	N HWY 301	23 STREET ADDRESS	31440 ANDERSON DRIVE	
CITY ST ZIP	WILDWOOD FL	24 CITY ST ZIP	TAVARES FL 32778	
TITLE	SD	31 TITLE	SD	☒ Change ☐ Addition
NAME	CYPHERS, DONALD R	32 NAME	KOONT, LEROY W.	
STREET ADDRESS	212 DAHLIA DR	33 STREET ADDRESS	407 WILLIAM DRIVE	
CITY ST ZIP	FRUITLAND PRK FL	34 CITY ST ZIP	FRUITLAND PARK FL 34731	
TITLE	TD	41 TITLE	TD	☒ Change ☐ Addition
NAME	HEATH, EARL G JR	42 NAME	ZAJIC LELAND L.	
STREET ADDRESS	267 DAFFODILE DR	43 STREET ADDRESS	103 ALOHA WAY	
CITY ST ZIP	FRUITLAND PARK FL	44 CITY ST ZIP	LADY LAKE FL 32159	
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 CITY ST ZIP		

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)(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.

SIGNATURE: ZAJIC, LELAND L. TD Leland L. Zajic 3-7-1995 (904) 753-3687
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

000220