

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 759134 (0)

1. Corporation Name

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

Principal Place of Business

**2240 MARCELLA WAY
P.O. BOX 490704
LEESBURG FL 34749-7704**

Mailing Address

**2240 MARCELLA WAY
P.O. BOX 490704
LEESBURG FL 34749-7704**



3. Date Incorporated or Qualified
07/13/1981

3a. Date of Last Report
05/01/1995

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**

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.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LEWIS, GEORGE D.
35423 CRESENT DRIVE
FRUITLAND PARK FL 34731**

81 Name

L. CHARLES NUNES

82

Street Address (P.O. Box Number is Not Acceptable)

31440 ANDERSON DR.

83

84 City

TAVARES,

FL

85 Zip Code

32778

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

L. CHARLES NUNES

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	LEWIS, GEORGE D.	
STREET ADDRESS	35423 CRESENT DRIVE	
CITY-ST-ZIP	FRUITLAND PARK FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	NUNES, L. CHARLES	
STREET ADDRESS	31440 ANDERSON DRIVE	
CITY-ST-ZIP	TAVARES FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	COOK, LEROY W.	
STREET ADDRESS	407 WILLIAM DRIVE	
CITY-ST-ZIP	FRUITLAND PRK FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	ZAJIC, LELAND L.	
STREET ADDRESS	1013 ALOHA WAY	
CITY-ST-ZIP	LADY LAKE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	L. CHARLES NUNES	
13 STREET ADDRESS	31440 ANDERSON DR.	
14 CITY-ST-ZIP	TAVARES, FL.	
21 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	PERCY BEAULIEU	
23 STREET ADDRESS	10826 LAKE HARRIS CIR.	
24 CITY-ST-ZIP	TAVARES, FL.	
31 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	GEORGE TAYLOR	
33 STREET ADDRESS	316 BUG TUSSEL LN.	
34 CITY-ST-ZIP	LADY LAKE, FL.	
41 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	WILLIAM C. SANDERS	
43 STREET ADDRESS	17700 SE 133rd CT.	
44 CITY-ST-ZIP	WEIRSDALE, FL	
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
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)(k), 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 any address.

SIGNATURE:

W. C. SANDERS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-22-96

Date

352-821-0092

Daytime Phone #

CR2E037 (12/95)