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Feb 13 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
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

Mailing Address

2240 MARCELLA WAY
P.O. BOX 490704
LEESBURG FL 34749-77042240 MARCELLA WAY
P.O. BOX 490704
LEESBURG FL 34749-07043. Date Incorporated or Qualified
07/13/19813a. Date of Last Report
01/29/1996

4. FEI Number

59-6144716

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

NUNES, L. CHARLES
31440 ANDERSON DR.
TAVERES FL 32778

81 Name

BEAULIEU, PERCY L.

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

10826 LAKE HARRIS CIR.

83

TAVARES, FLORIDA 32778

84 City

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.

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 PD
NAME NUNES, CHARLES L.
STREET ADDRESS 31440 ANDERSON DR.
CITY-ST-ZIP TAVARES FL1.1 TITLE PD
1.2 NAME BEAULIEU, PERCY L.
1.3 STREET ADDRESS 10826 LAKE HARRIS CIR.
1.4 CITY-ST-ZIP TAVARES, FLORIDA 32778TITLE VD
NAME BEAULIEU, PERCY
STREET ADDRESS 10826 LAKE HARRIS CIR.
CITY-ST-ZIP TAVARES FL2.1 TITLE VD
2.2 NAME SANDERS, WILLIAM C.
2.3 STREET ADDRESS 17700 SE 133RD CT.
2.4 CITY-ST-ZIP WEIRSDALE, FLORIDA 32195TITLE SD
NAME TAYLOR, GEORGE
STREET ADDRESS 316 BUG TUSSEL LN
CITY-ST-ZIP LADY LAKE FL3.1 TITLE SD
3.2 NAME BUNNELL, CHARLES E.
3.3 STREET ADDRESS 711 PLUMOSA AVE.
3.4 CITY-ST-ZIP FRUITLAND PARK, FLORIDA 34731TITLE TD
NAME SANDERS, WILLIAM C
STREET ADDRESS 17700 S.E. 133RD CT.
CITY-ST-ZIP WEIRSDALE FL4.1 TITLE TD
4.2 NAME WELKER, WILLIAM J.
4.3 STREET ADDRESS 746 ROYAL PALM AVE.
4.4 CITY-ST-ZIP LADY LAKE, FLORIDA 32159TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIPTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0070243

1-10-97 352-753-5839

CR2E037 (9/96)