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Secretary of State

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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 759134

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

**LAKE MEMORIAL POST NO. 4705
VETERANS OF FOREIGN WARS
P.O. BOX 490704
LEESBURG, FL 34749-0704**

117366 . 90040 . 49 6 *



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip Country

24

25

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip Country

29

30

3. Date Incorporated or Qualified

07/13/1981

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

9. Name and Address of Current Registered Agent

**BEAULIEU, PERCY L.
10826 LAKE HARRIS CIR.
TAVERES FL 32778**

10. Name and Address of New Registered Agent

81 Name

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

83

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

TITLE	PD	<input type="checkbox"/> DELETE
NAME	BEAULIEU, PERCY L.	
STREET ADDRESS	10826 LAKE HARRIS CIR.	
CITY-ST-ZIP	TAVERES FL 32778-4606	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	WENIG, ALBERT J.	
STREET ADDRESS	1214 ZAPATA PL	
CITY-ST-ZIP	LADY LAKE FL 32159	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	HEATH, EARL G. JR.	
STREET ADDRESS	267 DAFFODIL DR.	
CITY-ST-ZIP	FRUITLAND PARK FL 34731-6754	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	WELKER, WILLIAM J.	
STREET ADDRESS	746 ROYAL PALM AVE.	
CITY-ST-ZIP	LADY LAKE FL 32159-2342	
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

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	VD
2.3 STREET ADDRESS	MacDonald, Cliffe R
2.4 CITY-ST-ZIP	P.O. Box 662 Lady Lake FL 32158-0662
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Fr.D
5.3 STREET ADDRESS	Riordan, James A
5.4 CITY-ST-ZIP	813 Oak Dr. Leesburg, FL 34748-4322
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 as an attachment with an address, with all other like empowered.

SIGNATURE:

William J. Welker
SIGNATURE REQUIRED

1-4-99 352-753-5839

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)