

**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 # **N18806** (2)  
1. Corporation Name

**BAYONET POINT POST #7631 VETERANS OF FOREIGN WAR S OF THE UNITED STATES, INC.**



Principal Place of Business: 13129 COLONY RD HUDSON FL 34669  
Mailing Address: 13129 COLONY RD HUDSON FL 34669

3. Date Incorporated or Qualified: 02/13/1987  
3a. Date of Last Report: 05/01/1995

|                                 |                     |   |   |
|---------------------------------|---------------------|---|---|
| 21. Principal Place of Business | 2a. Mailing Address | 4. FEI Number   | Applied For   |
| Suite, Apt. #, etc.             | Suite, Apt. #, etc. | 59-2707826  | Not Applicable  |
| 22. City & State                | 27. City & State    | 5. Certificate of Status Desired  | \$8.75 Additional Fee Required                                      |
| 23. Zip                         | 28. Zip             | 6. Election Campaign Financing Trust Fund Contribution                                  | \$5.00 May Be Added to Fees   |
| 24. Country                     | 29. Country         | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |

|  |  |  |                 |
|--|--|--|-----------------|
| 9. Name and Address of Current Registered Agent        |  | 10. Name and Address of New Registered Agent           |                 |
| TAWNEY, LAWRENCE<br>13129 COLONY RD<br>HUDSON FL 34669 |  | 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 |                                   | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|-----------------------------------|---|---|
| TITLE                      | D <input type="checkbox"/> DELETE | 1.1 TITLE   | D <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | BURNETTE, WILLIAM L.              | 1.2 NAME  | COMMANDER   |
| STREET ADDRESS             | 9738 RAY ST.                      | 1.3 STREET ADDRESS                                    | WILLIAM H SPRINGSTEED   |
| CITY - ST - ZIP            | HUDSON FL                         | 1.4 CITY - ST - ZIP                                   | 10831 PINTO DR.<br>HUDSON PAA 34669                                 |
| TITLE                      | D <input type="checkbox"/> DELETE | 2.1 TITLE   | D <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | TAWNEY, LAWRENCE A.               | 2.2 NAME  | QUARTERMASTER   |
| STREET ADDRESS             | 7904 HALSEY DR.                   | 2.3 STREET ADDRESS                                    | TAWNEY LAWRENCE A   |
| CITY - ST - ZIP            | PORT RICHEY FL                    | 2.4 CITY - ST - ZIP                                   | 7904 HALSEY DR. 1<br>PORT RICHEY FL 34668                           |
| TITLE                      | D <input type="checkbox"/> DELETE | 3.1 TITLE   | D <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | MCDADE, ROBERT A.                 | 3.2 NAME  | SR. VICE COMMANDER  |
| STREET ADDRESS             | 13815 COCO AVE.                   | 3.3 STREET ADDRESS                                    | ORICK MICHAEL   |
| CITY - ST - ZIP            | HUDSON FL                         | 3.4 CITY - ST - ZIP                                   | 10318 FRIERSON LK. PR   |
| TITLE                      | <input type="checkbox"/> DELETE   | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| NAME                       |                                   | 4.2 NAME  |   |
| STREET ADDRESS             |                                   | 4.3 STREET ADDRESS                                    |   |
| CITY - ST - ZIP            |                                   | 4.4 CITY - ST - ZIP                                   |   |
| TITLE                      | <input type="checkbox"/> DELETE   | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| NAME                       |                                   | 5.2 NAME  |   |
| STREET ADDRESS             |                                   | 5.3 STREET ADDRESS                                    |   |
| CITY - ST - ZIP            |                                   | 5.4 CITY - ST - ZIP                                   |   |
| TITLE                      | <input type="checkbox"/> DELETE   | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| NAME                       |                                   | 6.2 NAME  | 900001847089  |
| STREET ADDRESS             |                                   | 6.3 STREET ADDRESS                                    | -06/03/96--01018--018   |
| CITY - ST - ZIP            |                                   | 6.4 CITY - ST - ZIP                                   | ***61.25  |

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 an address.

SIGNATURE: *Lawrence A. Tawney* 4-96 813-863-7282  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)