

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

30 Country

4. FEI Number
59-2707826

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TAWNEY, LAWRENCE
13129 COLONY RD
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

TITLE ☐ DELETE
NAME BURNETTE, WILLIAM L.
STREET ADDRESS 9738 RAY ST.
CITY - ST - ZIP HUDSON FL

TITLE ☐ DELETE
NAME TAWNEY, LAWRENCE A.
STREET ADDRESS 7904 HALSEY DR.
CITY - ST - ZIP PORT RICHEY FL

TITLE ☐ DELETE
NAME MCDADE, ROBERT A.
STREET ADDRESS 13815 COCO AVE.
CITY - ST - ZIP HUDSON FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition
12 NAME D COMMANDER
13 STREET ADDRESS WILLIAM H SPRINGSTEEN
14 CITY - ST - ZIP 10831 PINTO DR.
HUDSON PAA 34669

21 TITLE ☐ Change ☐ Addition
22 NAME D QUARTERMASTER
23 STREET ADDRESS TAWNEY LAWRENCE A
24 CITY - ST - ZIP 7904 HALSEY DR. 1
PORT RICHEY FL 34668

31 TITLE ☐ Change ☐ Addition
32 NAME D SR. VICE COMMANDER
33 STREET ADDRESS ORICK MICHAEL
34 CITY - ST - ZIP 10318 FRIERSON LK. PR

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

61 TITLE ☐ Change ☐ 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 an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-

96

813-863-7282

Date

Daytime Phone #

CR2E037 (12/95)