

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 18 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		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 34669-2328**



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

**TAWNEY, LAWRENCE
13129 COLONY RD
HUDSON FL 34669**

3. Date Incorporated or Qualified
02/13/1987

3a. Date of Last Report
05/01/1996

4. FLEI 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

10. Name and Address of New Registered Agent

81 Name **L. RALPH BANTA JR.**
82 Street Address (P.O. Box Number is Not Acceptable)
13129 COLONY R.
83
84 City **HUDSON** FL 85 Zip Code **34669**

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]
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	D	☒ DELETE
NAME	BURNETTE, WILLIAM L.	
STREET ADDRESS	8738 RAY ST.	
CITY-ST-ZIP	HUDSON FL	
TITLE	D	☒ DELETE
NAME	TAWNEY, LAWRENCE A.	
STREET ADDRESS	7904 HALSEY DR.	
CITY-ST-ZIP	PORT RICHEY FL	
TITLE	D	☒ DELETE
NAME	MCDADE, ROBERT A.	
STREET ADDRESS	13815 COCO AVE.	
CITY-ST-ZIP	HUDSON FL	
TITLE	D	☒ DELETE
NAME	SPRINGSTEEN, WILLIAM H.	
STREET ADDRESS	10831 PINTO DR.	
CITY-ST-ZIP	HUDSON FL 34669	
TITLE	D	☒ DELETE
NAME	TAWNEY, LAWRENCE A.	
STREET ADDRESS	7904 HALSEY DR.	
CITY-ST-ZIP	PORT RICHEY FL 34668	
TITLE	D	☐ DELETE
NAME	ORICK, MICHAEL	
STREET ADDRESS	10318 FRIERSON LK.	
CITY-ST-ZIP	PORT RICHEY FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	0	☒ Change ☐ Addition
1.2 NAME	MICHAEL ORICK	
1.3 STREET ADDRESS	7137 JEANNE AVE	
1.4 CITY-ST-ZIP	HUDSON FL 34669	
2.1 TITLE	0	☒ Change ☐ Addition
2.2 NAME	L. RALPH BANTA JR	
2.3 STREET ADDRESS	6343 RENO AVE	
2.4 CITY-ST-ZIP	NEW PORT RICHEY FL 34653	
3.1 TITLE	0	☐ Change ☐ Addition
3.2 NAME	LENNY CHAVEZ	
3.3 STREET ADDRESS	13406 WHITE WALNUT	
3.4 CITY-ST-ZIP	HUDSON, FL 34669	
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
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 or 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]

2/10/97

4/5/97

CR2E037 (9/96)