

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
Sep 09, 2004 8:00 am  
Secretary of State

09-09-2004 90003 044 \*\*\*\*75.00

<b>DOCUMENT # N18806</b> <small>1. Entity Name</small> <b>BAYONET POINT POST #7631 VETERANS OF FOREIGN WARS OF THE UNITED STATES, INC.</b>			
<small>Principal Place of Business</small> 13129 COLONY RD HUDSON, FL 34669		<small>Mailing Address</small> 13129 COLONY RD HUDSON, FL 34669	
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip		Zip	
Country		Country	
<b>4. FEI Number</b> 59-2707826		Applied For <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  TRIPP, HARRY 13129 COLONY RD HUDSON, FL 34669		<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
<b>Filing Fee is \$61.25 Due by September 8, 2004</b>		<b>9. Election Campaign Financing</b> <input checked="" type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>			
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE: QM NAME: TRIPP, HARRY R. STREET ADDRESS: 13129 COLONY RD CITY-ST-ZIP: HUDSON, FL 34669	<input type="checkbox"/> Delete	TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME: 10111 ETON ST STREET ADDRESS: NEW PORT RICHEY FL 34654 CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: C NAME: MACDONALD, STEVE STREET ADDRESS: 9831 OSCEOLA DR. CITY-ST-ZIP: NEW PORT RICHEY, FL 34654	<input type="checkbox"/> Delete	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: <input checked="" type="checkbox"/> Change STREET ADDRESS: BOWERS, WILLIAM J CITY-ST-ZIP: PO BOX 5973 HUDSON, FL 34674-5973	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VP NAME: PARKMAN, JOSEPH STREET ADDRESS: 13129 COLONY RD CITY-ST-ZIP: HUDSON, FL 34669	<input checked="" type="checkbox"/> Delete	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: <input type="checkbox"/> Change STREET ADDRESS: <input type="checkbox"/> Addition CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: T NAME: LEE, JOHN STREET ADDRESS: 107 TORONZO LN. CITY-ST-ZIP: NEW PORT RICHEY, FL 34654	<input type="checkbox"/> Delete	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: <input type="checkbox"/> Change STREET ADDRESS: <input type="checkbox"/> Addition CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: T NAME: REGA, VINCE STREET ADDRESS: 8340-3 HIGH POINT CIRCLE CITY-ST-ZIP: PORT RICHEY, FL 34668	<input type="checkbox"/> Delete	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: <input type="checkbox"/> Change STREET ADDRESS: <input type="checkbox"/> Addition CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: T NAME: MOORE, RON STREET ADDRESS: 12725 LIGHTWOOD DR. CITY-ST-ZIP: HUDSON, FL 34669	<input type="checkbox"/> Delete	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: <input type="checkbox"/> Change STREET ADDRESS: <input type="checkbox"/> Addition CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
<b>SIGNATURE:</b> <u>HARRY R. TRIPP</u> <u>9-01-04</u> <small>SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> HARRY R. TRIPP QM Post # 727-856-0051			

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