


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

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

DOCUMENT # N18806			
1. Entity Name BAYONET POINT POST #7631 VETERANS OF FOREIGN WARS OF THE UNITED STATES, INC.			
Principal Place of Business 13129 COLONY RD HUDSON, FL 34669		Mailing Address 13129 COLONY RD HUDSON, FL 34669	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip		Zip	
Country		Country	
8. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
TRIPP, HARRY 13129 COLONY RD HUDSON, FL 34669		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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$81.25 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input checked="" type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	QM TRIPP, HARRY R. 13129 COLONY RD HUDSON, FL 34669 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 10111 ETON ST NEW PORT RICHEY FL 34664
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C MACDONALD, STEVE 9831 OSCEOLA DR. NEW PORT RICHEY, FL 34654 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PARKVAR, JOSEPH 13129 COLONY RD. HUDSON, FL 34669 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SV BOWERS, WILLIAM J PO BOX 5973 HUDSON, FL 34674-5973 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LEE, JOHN 107 TORONZO LN. NEW PORT RICHEY, FL 34654 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T REGA, VINCE 8340-3 HIGH POINT CIRCLE PORT RICHEY, FL 34668 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MOORE, RON 12725 LIGHTWOOD DR. HUDSON, FL 34669 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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.			
SIGNATURE: <i>HARRY R. TRIPP</i>		Date: 9-01-04	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	
HARRY R. TRIPP QM		POST # 727-856-0051	

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4. FEI Number 59-2707826 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

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