SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMPUNIT DUE ON OR BEFORE 99/15/90: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$206.26).

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE Kathèrine Harris Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # N19847 1. Corporation Name

MERRITT ISLAND POST 5440 VETERANS OF FOREIGN WAR S OF THE UNITED STATES, INC.

Principal Place of Business

Mailing Address

-NERRITT-ISLAND-FL-82054

4- O-BOX-540578 -MERITITI IOLAND TL 08954-

FILED SEURETARY OF STATE VISION OF CORPORATIONS

99 NOV 15 PM 2: 14



2. Principal Place of Business 2s. Mailing Address 3				3. Date incorporated or Qualified	
21 1575 SYKES CREEK, PRO 1575 SYKES CREEK, DR. 03/28/1987					
Suite, Apt.	#, etc.	Sulte, Apt. #, etc.		4. FEI Number	Applied For
22		27		59-2281598	Not Applicable
City & Sta		City & State			\$8.75 Additional
	RITT ISLANDIFL	28 MERRITT			Fee Required
Zip	Country 53 25 BREVARD	20 30 05 3 G	Country	6. Election Campaign Financing	\$5.00 May Be
24 329			BREVARD	Trust Fund Contribution 10. Name and Address of New Registered Age	Added to Fees
14M1 4 4 4 4 4 4 1	WOODEN DIN HART	PEDRAZA	** RICHARD PEDRAZA		
WILLIAM HAGGERTY RICHARD PEDRAZA 277-S BREVARD AVE 00000 BCH FL 32301 13 4 5 EA PARK BLA			82 Street Aridoses (P.O. Box Number is Not Acceptable)		
	HOLELANDA 134 SET	194 SER THIN DEVEL			
OUUUR E	16H FL 32931 127		63		
	SATELLI	TE BEACH, FL	84 City	ATELLITE REAL EL	4 39 899 -
11 Durand to the positions of Sections S17 ISOS and S17 ISOS Electric States the about carried conventions in the otherwise of the other otherwise of the other					
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 authorised 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	KKHARD YEDK	nd title if applicable. (NOTE/N	Kenon	J-17-7	Z
12.	OFFICERS AND		13.	ADDITIONS CHANGES TO OFFICERS AND D	DIRECTORS IN 12
TITLE	D	DELETE	1.1 TILE ()	RICHARD PEDRAZA	Change (XAddition
NAME	WILLIAM HAGGERTY		12 NAME	134 SEA PARK BLVD.	' '
STREET ADDRESS	277 S BREVARD AVE		1.3 SYREET ADDRESS		
CITY-ST-ZIP	COCOA BCH FL 32931		1.4 City-ST-ZIP	SATELLITE BEACH, FL.	32 <i>9</i> 37
TITLE	D	DELETE	213ME D.	THEFOU MANGAN	Change (ZKAddition
NAME	DONALD V SCHLEICH	• •	22 NAME	355 STI CHARLES AVE	' /
STREET ADDRESS	312 EDINBURG DR		2.3 STREET ADDRESS		
CITY-ST-ZIP	COCOA FL 32922		2.4 CITY-8T-ZIP	MERRITT ISLAND, FL.	32953
TITLE	D	DELETE	3.1 TITLE	THE THE STATE S	Change (XAddition
NAME	LEWIS HORNBY	,-	32 NAME	JOHN L. HAYNES 1575 SYKES CREEK DR.	`
STREET ADDRESS	45 WALTER CT		3.3 STREET ADDRESS		
CITY-ST-ZIP	MERRITT ISLAND FL 32952		3.4. CITY-87-ZIP	MERRITT ISLAND, FL.3	
TITLE	D	☐ DELETÉ	4.1 TITLE		Change Addition
NAME	EDWARD PAPKE		4.2 NAME		
STREET ADORESS		1	4.3 STREET ADDRESS	30000305050	79B
CITY-ST-ZIP	MERRITT ISLAND FL 32953		4.4 CITY-81-ZIP	-\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
TITLE		☐ DELETE	6.1 TITLE	3/6 \ _ *****70.00 **	Change 70 Addition
NAME	15		5.2 NAME	W 11 12 22 22 22 22	
STREET ADDRESS			63 STREET ADDRESS	h_{n} ,	{
CITY-ST-ZIP	<u> </u>	·	6.4 CITY-ST-ZIP	1	
TITLE		☐ DELETE	0.1 TITLE		Change Addition
NAME			6.2 NAME		}
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP	l		6.4 CITY-81-ZIP		

14. 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 annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under cath; 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, with all other like empowered.

SIGNATURE:

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED MANE OF SIGNAN OFFICER OR ORNESTOR.

Date

CR2E037





October 30, 1999

From: VFW Post 5440

To: Department of State

Subject: Non-Profit Corporation

- 1. The records of Post 5440 indicate that a check in the amount of \$70.00 was mailed to your office on May 17, 1999, for the payment of \$61.25 for filling fee and \$8.75 for a Certificate of Status.
- 2. I am the new Quartermaster for Post 5440 and upon audit of Post accounts, I find that we have not received credit for our request. I also find that our check has not cleared the Bank.
- 3. I apologize for this problem, and have enclosed a check and a copy of our request form.

Sincerely.

John L. Havne

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