FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 22 AM 11:13

DOCUMENT # N23880 (0)

1. Corporation Name

POINCIANA POST, NO. 8120 VETERANS OF FOREIGN WAR S OF THE UNITED STATES, INC.

Principal Place of Business	Mailing Address
608 ESTRADA LANE POINCIANNA FL 34758	608 ESTRADA LANE POINCIANNA FL 34758

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/15/1987
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-2298215 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — $68.75 Supplemental Fee Not Required
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
MENDELSON, EDWARD D. 608 ESTRADA LANE POINCIANA FL 34758	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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DT	1.1 TITLE	☐ Change ☐ Addition
NAME	MENDELSON, EDWARD D.	1.2 NAME	
STREET ADDRESS	608 ESTRADA LN.	1.3 STREET ADDRESS	
CITY-ST-ZIP	POINCIANA FL	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	VIEIRA, ANTONE	2.2 NAME	
STREET ADDRESS	607 DROMEDARY CT	2.3 STREET ADDRESS	
CITY-ST-ZIP	POINCIANA FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	VIRDEN, ELI R.	3.2 NAME	
STREET ADDRESS	610 ESTRADA LANE	3.3 STREET ADDRESS	
CITY-ST-ZIP	POINCIANA FL	3.4 CITY-ST-ZIP	
TITLE	DV	4.1 TITLE	☐ Change ☐ Addition
NAME	HATCHER, WALTER F.	4.2 NAME	
STREET ADDRESS	602 CADDY DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	POINCIANA FL	4.4 CITY-ST-ZIP	
TITLE	SD	5.1 TITLE	☐ Change ☐ Addition
NAME	BURNETT, ROBERT E.	5.2 NAME	
STREET ADDRESS	624 KOALA CT	5.3 STREET ADDRESS	
CITY-ST-ZIP	POINCIANA FL	5.4 CITY-ST-ZIP	
TITLE	P	6.1 TITLE	☐ Change ☐ Addition
NAME	WALKER, EARL F	6.2 NAME	
STREET ADDRESS	706 E. GREEN CT.	6.3 STREET ADDRESS	
CITY-ST-ZIP	POINCIANA FL	6.4 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)(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 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: Edward D. Mendelson Treasurer January 30, 1995 407-933-5141
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Edward D Mendelson

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