

FILE NOW: FILING FEE IS \$61.25

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Jul 22 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N23880 (0)
1. Corporation Name
POINCIANA POST, NO. 8120 VETERANS OF FOREIGN WAR S OF THE UNITED STATES, INC.



Principal Place of Business 608 ESTRADA LANE POINCIANNA FL 34758	Mailing Address 608 ESTRADA LANE POINCIANNA FL 34758
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3. Date Incorporated or Qualified 12/15/1987		
4. FEI Number 59-2298215	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

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

9. Name and Address of Current Registered Agent
**MENDELSON, EDWARD D.
608 ESTRADA LANE
POINCIANA FL 34758**

10. Name and Address of New Registered Agent

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 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: *Edward D. Mendelson* Registered Agent July 8, 1998
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing)

12. OFFICERS AND DIRECTORS		<input type="checkbox"/> DELETE
TITLE	DT	<input type="checkbox"/>
NAME	MENDELSON, EDWARD D.	
STREET ADDRESS	608 ESTRADA LN.	
CITY-ST-ZIP	POINCIANA FL	
TITLE	D	<input type="checkbox"/>
NAME	VEIRA, ANTONE	
STREET ADDRESS	607 DROMEDARY CT	
CITY-ST-ZIP	POINCIANA FL	
TITLE	D	<input type="checkbox"/>
NAME	VIRDEN, ELI R.	
STREET ADDRESS	610 ESTRADA LANE	
CITY-ST-ZIP	POINCIANA FL	
TITLE	DV	<input type="checkbox"/>
NAME	HATCHER, WALTER F.	
STREET ADDRESS	602 CADDY DRIVE	
CITY-ST-ZIP	POINCIANA FL	
TITLE	P	<input type="checkbox"/>
NAME	HURLEY, JOHN	
STREET ADDRESS	650 GAZELLE DR	
CITY-ST-ZIP	POINCIANA FL	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
1.1 TITLE			
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE			
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE			
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE			
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE			
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE			
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-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 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* July 8, 1998 477-0848

CR2E037 (10/97)