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**FILED**  
**Feb 23, 1999 8:00 am**  
**Secretary of State**

02-23-1999 90018 011 \*\*\*\*61.25

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NONPROFIT  
 CORPORATION  
 ANNUAL REPORT  
**1999**



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

**DOCUMENT # N23880**

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



2. Principal Place of Business

21 **607 DROMEDARY CT**  
 Suite, Apt. #, etc.

2a. Mailing Address

26 **607 DROMEDARY CT**  
 Suite, Apt. #, etc.

3. Date Incorporated or Qualified

**12/15/1987**

4. FEI Number

**59-2298215**

Applied For

Not Applicable

23 City & State

**POINCIANA FL POLK**

27 City & State

**POINCIANA FL POLK**

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required

24 Zip

**34759**

25 Country

**POLK**

29 Zip

**34759**

30 Country

**POLK**

6. Election Campaign Financing  
 Trust Fund Contribution

**\$5.00** May Be  
 Added to Fees

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 **ANTONE VIEIRA**  
 82 Street Address (P.O. Box Number is Not Acceptable)  
**607 DROMEDARY CT**  
 83  
 84 City **POINCIANA** FL 85 Zip Code **34759**

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

*Antone Vieira* *Quartermaster*

**6 Jan 99**

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	ANTONE VIEIRA	
1.3 STREET ADDRESS	607 DROMEDARY CT	
1.4 CITY-ST-ZIP	POINCIANA FL 34759	
2.1 TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	HOKANSON HAROLD P.	
2.3 STREET ADDRESS	716 TAHITI DR	
2.4 CITY-ST-ZIP	POINCIANA FL 34758	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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, with all other like empowered.

SIGNATURE: *Harold P. Hokanson* **REQUIRED**

**6 Jan 99**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CR2E037 (11/98)