

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 08, 2005 8:00 am
Secretary of State

02-08-2005 90014 011 ****70.00

DOCUMENT # N50359

1. Entity Name

VARGA-VILET AMERICAN VETERANS POST 793, INC.



Principal Place of Business

P.O. BOX 1654
LAKE PANASOFFKEE FL 33538

Mailing Address

P.O. BOX 1654
LAKE PANASOFFKEE FL 33538

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/04)

4. FEI Number

59-3068339

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PLYNESSER, JOHN H
4471 SW 129TH BLVD
WEBSTER FL 33597

Name

GARFIELD JONES

Street Address (P.O. Box Number is Not Acceptable)

892 CR. 481 W

LK. PANASOFFKEE FL

City

FL

Zip Code

33538

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

Garfield Jones

GARFIELD JONES

2-1-05

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$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 | P | <input checked="" type="checkbox"/> Delete |
| NAME | PLYNESSER, JOHN H | |
| STREET ADDRESS | 4471 SW 129TH BLVD | |
| CITY - ST - ZIP | WEBSTER FL 33597 | |
| TITLE | V | <input checked="" type="checkbox"/> Delete |
| NAME | FONES, RANDOL P | |
| STREET ADDRESS | 1038 CR 482C | |
| CITY - ST - ZIP | LAKE PANASOFFKEE FL 33538 | |
| TITLE | VD | <input checked="" type="checkbox"/> Delete |
| NAME | CLOYNE, RAY | |
| STREET ADDRESS | 3488 JODI WEST DRIE | |
| CITY - ST - ZIP | DADE CITY FL | |
| TITLE | SD | <input checked="" type="checkbox"/> Delete |
| NAME | HARVEY, BERNADINE R | |
| STREET ADDRESS | 1336 CR 459- LOT 6 - P O BOX 984 | |
| CITY - ST - ZIP | LAKE PANASOFFKEE FL 33538 | |
| TITLE | TD | <input type="checkbox"/> Delete |
| NAME | VILET, EVELYN | |
| STREET ADDRESS | 1101 CR 457-PO BOX 576 | |
| CITY - ST - ZIP | LAKE PANASOFFKEE FL 33538 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |

| | | |
|-----------------|---------------------------|--|
| TITLE | P | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | GARFIELD JONES | |
| STREET ADDRESS | 892 CR 481 W | |
| CITY - ST - ZIP | LK. PANASOFFKEE FL 33538 | |
| TITLE | V | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | CHARLES WHITE | |
| STREET ADDRESS | 728 CR 485 | |
| CITY - ST - ZIP | LK. PANASOFFKEE FL. 33538 | |
| TITLE | VD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | CHARLES MILLER | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |
| TITLE | SD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | EVELYN F. VILET | |
| STREET ADDRESS | 1101 CR 457-PO BOX 576 | |
| CITY - ST - ZIP | LK. PANASOFFKEE FL 33538 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SAME | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |

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:

Garfield Jones

GARFIELD JONES

2-1-05

352

568-0090

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #