2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 13, 2008 8:00 am
Secretary of State
02-14-2008 90021 041 ****70.00

DOCUMENT # N50359

1. Entity Name
VARGA-VILET AMERICAN VETERANS POST 793, INC.

Principal Place of Business	Mailing Address
LFW 10084 RT 470 + C.R. 439 LAKE PANASOFFKEE FL 33538	P.O. BOX 1654 LAKE PANASOFFKEE FL 33538

2. Principal Place of Business - No P.O. Box #
3. Mailing Address

Suite, Apt. #, etc. / Suite, Apt. #, etc.

City & State / City & State

Zip / Country / Zip / Country

1st MOORE CR2E037 (10/07)

4. FEI Number 59-3068339 — Applied For / Not Applicable

5. Certificate of Status Desired [X] $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

JONES, GARFIELD
892 CR 481 W
LAKE PANASOFFKEE FL 33538

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 — DATE 3/10/08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS $61.25 Due By May 1, 2008

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P JONES, GARFIELD 892 CR 481 W LAKE PANASOFFKEE FL 33538	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	1VP HOWARD, MAY R 1576 W CR 476 BUSHNELL FL 33513	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	2VP POLBURN, WILLIAM 2877 CR 422 LAKE PANASOFFKEE FL 33538	[X] Delete	2 V.P. WHITE, CHARLES 728 C.R. 485 LK. PANASOFFKEE FL. 33538	[X] Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD VILET, EVELYN F 1101 CR 457-POB 576 LAKE PANASOFFKEE FL 33538	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD VILET, EVELYN 1101 CR 457-PO BOX 576 LAKE PANASOFFKEE FL 33538	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 — 3-10-08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #