

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N50359

FILED  
Mar 24, 2009  
Secretary of State

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

## Current Principal Place of Business:

LFW 10084  
RT 470 + C.R. 439  
LAKE PANASOFFKEE, FL 33538

## Current Mailing Address:

P.O. BOX 1654  
LAKE PANASOFFKEE, FL 33538

## New Principal Place of Business:

VFW 10084  
RT 470 + C.R. 439  
LAKE PANASOFFKEE, FL 33538

## New Mailing Address:

FEI Number: 59-3068339      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

JONES, GARFIELD  
892 CR 481 W  
LAKE PANASOFFKEE, FL 33538      US

## Name and Address of New Registered Agent:

MAY, HAROLD R  
1576 W. C.R.476  
BUSHNELL, FL 33513      US

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.

SIGNATURE: HAROLD R. MAY

03/24/2009

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: JONES, GARFIELD  
Address: 892 CR 481 W  
City-St-Zip: LAKE PANASOFFKEE, FL 33538

Title: 1VP ( ) Delete  
Name: HOWARD, MAY R  
Address: 1576 W CR 476  
City-St-Zip: BUSHNELL, FL 33513

Title: 2VP ( ) Delete  
Name: WHITE, CHARLES  
Address: 728 CR. 485  
City-St-Zip: LAKE PANASOFFKEE, FL 33538

Title: SD ( ) Delete  
Name: VILET, EVELYN F  
Address: 1101 CR 457-POB 576  
City-St-Zip: LAKE PANASOFFKEE, FL 33538

Title: TD ( ) Delete  
Name: VILET, EVELYN  
Address: 1101 CR 457-PO BOX 576  
City-St-Zip: LAKE PANASOFFKEE, FL 33538

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: EVELYN, VILET  
Address: 1101C.R. 457 / POBOX 576  
City-St-Zip: PANASOFFKEE, FL 33538

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: 2VP (X) Change ( ) Addition  
Name: CONLIN, TIM  
Address: 3752 C.R. 406 A  
City-St-Zip: LAKE PANASOFFKEE, FL 33538

Title: SD (X) Change ( ) Addition  
Name: G.W., LOFLIN  
Address: 4179 BURNS ROAD  
City-St-Zip: BROOKSVILLE, FL 34602

Title: TD (X) Change ( ) Addition  
Name: G. W., LOFLIN  
Address: 4179 BURNS ROAD  
City-St-Zip: BROOKSVILLE, F 34602

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EVELYN F. VILET

P

03/24/2009

Electronic Signature of Signing Officer or Director

Date