FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 AM 10:51

DOCUMENT # **N92000000899 (6)**

1. Corporation Name
VETERAN'S RELIEF FUND, INC.

Principal Place of Business	Mailing Address
~~6014 FLORIDA AVENUE~~ ~~NEW PORT RICHEY FL 34653~~ 10326 BASKET OAK DR. PORT RICHEY, FLA. 34668	~~6014 FLORIDA AVENUE~~ ~~NEW PORT RICHEY FL 34653~~ 10326 BASKET OAK DR. PORT RICHEY, FLA. 34668

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/21/1992
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-3162873 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 10326 BASKET OAK DR. PORT RICHEY, FLA 34668	26 SAME AS ABOVE
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent

PURNELL, HENRY J
6014 FLORIDA AVENUE
NEW PORT RICHEY FL 34653

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PTD	11 TITLE	PTD	☑ Change ☐ Addition
NAME	PURNELL, HENRY J	12 NAME	PURNELL HENRY J.	
STREET ADDRESS	6014 FLORIDA AVENUE	13 STREET ADDRESS	10326 BASKET OAK DR.	
CITY-ST-ZIP	NEW PORT RICHEY FL 34653	14 CITY-ST-ZIP	PORT RICHEY, FLA. 34668	
TITLE	VSD	21 TITLE		☐ Change ☐ Addition
NAME	WEST, DALE A	22 NAME		
STREET ADDRESS	1811 HIGHWAY 41 LOT 4A	23 STREET ADDRESS		
CITY-ST-ZIP	LUTZ FL 33549	24 CITY-ST-ZIP		
TITLE		31 TITLE	T	☐ Change ☑ Addition
NAME		32 NAME	MICHEAL R MILBERGER	
STREET ADDRESS		33 STREET ADDRESS	6014 FLORIDA AVE.	
CITY-ST-ZIP		34 CITY-ST-ZIP	NEW PORT RICHEY, FLA. 34668	
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE	REMITTED BY MAY 1.	☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: _____ 4-28-95 (813)861-7712
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
HENRY J PURNELL

0067464