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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # N96000000744

1. Corporation Name
FEDHAVEN MEMORIAL POST # 7361
VETERANS OF FOREIGN WARS OF THE UNITED STATES, INC.

Principal Place of Business	Mailing Address
FEDHAVEN AUDITORIUM FEDHAVEN, FL 33854	P.O. BOX 8772 FEDHAVEN, FL. 33854

3. Date Incorporated or Qualified: FEB 06, 1996
3a. Date of Last Report:
4. FEI Number: 59-3219415 ☐ 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
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	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

ROGER L. ST. GERMAIN
2320 THOREAU DRIVE
LAKE WALES, FL 33853

10. Name and Address of New Registered Agent

61 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83 400002143804
84 City -04/15/97--01024--020 FL 85 Zip Code
***61.25

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 _____ 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	☐ DELETE	1.1 TITLE	C = COMMANDER ☐ Change ☐ Addition
NAME		1.2 NAME	ROGER ST. GERMAIN
STREET ADDRESS		1.3 STREET ADDRESS	2320 THOREAU DRIVE
CITY-ST-ZIP		1.4 CITY-ST-ZIP	LAKE WALES, FL 33853
TITLE	☐ DELETE	2.1 TITLE	Q = QUARTERMASTER ☐ Change ☐ Addition
NAME		2.2 NAME	MYRTLE HUBER
STREET ADDRESS		2.3 STREET ADDRESS	474 FEDHAVEN CIRCLE N/a P.O. BOX 8056
CITY-ST-ZIP		2.4 CITY-ST-ZIP	FEDHAVEN, FL 33854
TITLE	☐ DELETE	3.1 TITLE	A = ADJUTANT ☐ Change ☐ Addition
NAME		3.2 NAME	JOHN SCALES
STREET ADDRESS		3.3 STREET ADDRESS	305 FEDHAVEN CIRCLE N/a P.O. BOX 8747
CITY-ST-ZIP		3.4 CITY-ST-ZIP	FEDHAVEN, FL 33854
TITLE	☐ DELETE	4.1 TITLE	T = TRUSTEE ☐ Change ☐ Addition
NAME		4.2 NAME	SAL CAMPODONICO
STREET ADDRESS		4.3 STREET ADDRESS	056 FEDHAVEN CIRCLE N/a P.O. BOX 8005
CITY-ST-ZIP		4.4 CITY-ST-ZIP	FEDHAVEN, FL 33854
TITLE	☐ DELETE	5.1 TITLE	T. = TRUSTEE ☐ Change ☐ Addition
NAME		5.2 NAME	CORNELIUS QUINN
STREET ADDRESS		5.3 STREET ADDRESS	283 FEDHAVEN CIRCLE N/a P.O. BOX 8891
CITY-ST-ZIP		5.4 CITY-ST-ZIP	FEDHAVEN, FL 33854
TITLE	☐ DELETE	6.1 TITLE	T = TRUSTEE ☐ Change ☐ Addition
NAME		6.2 NAME	FRANK HANNA N/A
STREET ADDRESS		6.3 STREET ADDRESS	415 FEDHAVEN CIRCLE P O BOX 8201
CITY-ST-ZIP		6.4 CITY-ST-ZIP	FEDHAVEN, FL 33854

CR2E031 (9/96)

14. I do 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.

SIGNATURE: Roger L. St. Germain ROGER L. ST. GERMAIN 3/27/97 941-696-4486
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #