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Mar 26 1998 8:00am
Secretary of State

1 NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. McRatham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N96000000744 (0)

1. Corporation Name

POST NAME: FEDHAVEN MEMORIAL POST NO: 7361 VETER
ANS 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
US

3. Date Incorporated or Qualified

02/06/1996

4. FEI Number

59-3219415

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

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. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year intangible
Personal Property Tax due June 30.

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP

C
STIGERMAN, ROGER
2320 THOREAU DRIVE
LAKE WALES FL 33853

TITLE NAME STREET ADDRESS CITY-ST-ZIP

Q
HUBER, MYRTLE
474 FEDHAVEN CIRCLE
FEDHAVEN FL 33854

TITLE NAME STREET ADDRESS CITY-ST-ZIP

A
SCALES, JOHN
305 FEDHAVEN CIRCLE
FEDHAVEN FL 33854

TITLE NAME STREET ADDRESS CITY-ST-ZIP

T
CAMPODONICO, SAL
056 FEDHAVEN CIRCLE
FEDHAVEN FL 33854

TITLE NAME STREET ADDRESS CITY-ST-ZIP

T
QUINN, CORNELIUS
283 FEDHAVEN CIRCLE
FEDHAVEN FL 33854

TITLE NAME STREET ADDRESS CITY-ST-ZIP

T
HANNA, FRANK
415 FEDHAVEN CIRCLE
FEDHAVEN FL 33854

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP

2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP

3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP

4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP

5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP

6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

14. 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 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 Richard J. Lambiase

3-10-98

941-686-4401

CR2E037 (10/97)