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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N96000000744

1. Corporation Name

POST NAME: FEDHAVEN MEMORIAL POST NO: 7361 VETERANS OF FOREIGN WARS OF THE UNITED STATES, INC.

Principal Place of Business

FEDHAVEN AUDITORIUM
 FEDHAVEN FL 33854

Mailing Address

P O BOX 8772
 FEDHAVEN FL 33854
 US

100976-90040-34



2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	3. Date Incorporated or Qualified 02/06/1996	4. FEI Number 59-3219415	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	C <input type="checkbox"/> DELETE	1.1 TITLE	T/S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STIGERMAIN, ROGER	1.2 NAME	ST. GERMAIN, ROGER
STREET ADDRESS	2320 THOREAU DRIVE	1.3 STREET ADDRESS	2320 THOREAU DRIVE
CITY-ST-ZIP	LAKE WALES FL 33853	1.4 CITY-ST-ZIP	LAKE WALES, FL 33853
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	C <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAMBIASE, RICHARD	2.2 NAME	LAMBIASE, RICHARD
STREET ADDRESS	1 FEDHAVEN CIR	2.3 STREET ADDRESS	303 FEDHAVEN ROAD P.O. Box 8877
CITY-ST-ZIP	FEDHAVEN FL 33854	2.4 CITY-ST-ZIP	FEDHAVEN, FL 33854
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	VP <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCALES, JOHN	3.2 NAME	BENOIT, GERARD
STREET ADDRESS	305 FEDHAVEN CIRCLE	3.3 STREET ADDRESS	2700 US Hwy 27N Lot 321
CITY-ST-ZIP	FEDHAVEN FL 33854	3.4 CITY-ST-ZIP	LAKE WALES, FL 33853
TITLE	T <input checked="" type="checkbox"/> DELETE	4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CAMPDONICO, SAL	4.2 NAME	STUCK, SAMUEL
STREET ADDRESS	056 FEDHAVEN CIRCLE	4.3 STREET ADDRESS	132 FEDHAVEN ROAD P.O. Box 8145
CITY-ST-ZIP	FEDHAVEN FL 33854	4.4 CITY-ST-ZIP	FEDHAVEN, FL 33854
TITLE	T <input type="checkbox"/> DELETE	5.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	QUINN, CORNELIUS	5.2 NAME	QUINN, CORNELIUS
STREET ADDRESS	283 FEDHAVEN CIRCLE	5.3 STREET ADDRESS	283 FEDHAVEN ROAD P.O. Box 8891
CITY-ST-ZIP	FEDHAVEN FL 33854	5.4 CITY-ST-ZIP	FEDHAVEN, FL 33854
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	
NAME	THOMAS, ROBERT	6.2 NAME	
STREET ADDRESS	269 FEDHAVEN CIR	6.3 STREET ADDRESS	
CITY-ST-ZIP	FEDHAVEN FL 33854	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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)