

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2002 8:00 am
Secretary of State

01-30-2002 90009 042 ****61.25

DOCUMENT # N96000000744

1. Entity 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 FIRE STATION
 FEDHAVEN FL 33854**

**P O BOX 8772
 FEDHAVEN FL 33854
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3219415

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **TS** ☐ Delete
 NAME **ST.GERMAIN, ROGER**
 STREET ADDRESS **2320 THOREAU DRIVE**
 CITY-ST-ZIP **LAKE WALES FL 33853**

TITLE ☒ Change ☐ Addition
 NAME **LAKE WALES, FL 33898**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **P** ☐ Delete
 NAME **LAMBIASE, RICHARD**
 STREET ADDRESS **303 CLUB CIRCLE**
 CITY-ST-ZIP **FEDHAVEN FL 33854**

TITLE ☒ Change ☐ Addition
 NAME **2501 ALCOTT DRIVE**
 STREET ADDRESS **LAKE WALES, FL 33898**
 CITY-ST-ZIP

TITLE **VP** ☒ Delete
 NAME **TOPPING, ROBERT**
 STREET ADDRESS **P.O. BOX 6051 1 E NALCREST ROAD**
 CITY-ST-ZIP **NALCREST FL 33855**

TITLE **VD** ☐ Change ☒ Addition
 NAME **SCALES, JOHN**
 STREET ADDRESS **P.O. BOX 8747**
 CITY-ST-ZIP **FEDHAVEN, FL 33854**

TITLE **D** ☒ Delete
 NAME **GETSON, HENRY**
 STREET ADDRESS **570 CLUB CIRCLE**
 CITY-ST-ZIP **FEDHAVEN FL 33854**

TITLE ☐ Change ☒ Addition
 NAME **RAYMOND, ROBERT**
 STREET ADDRESS **P.O. BOX 8176**
 CITY-ST-ZIP **FEDHAVEN, FL 33854**

TITLE **T** ☒ Delete
 NAME **QUINN, CORNELIUS**
 STREET ADDRESS **283 FEDHVEN CIRCLE**
 CITY-ST-ZIP **FEDHAVEN FL 33854**

TITLE ☐ Change ☒ Addition
 NAME **TURNER, RUSSELL**
 STREET ADDRESS **2306 HOLMES DRIVE**
 CITY-ST-ZIP **LAKE WALES, FL 33898**

TITLE **D** ☐ Delete
 NAME **STAHL, HERBERT**
 STREET ADDRESS **208 CLUB CIRCLE**
 CITY-ST-ZIP **FEDHAVEN FL 33854**

TITLE ☒ Change ☐ Addition
 NAME **2201 CLUB CIRCLE**
 STREET ADDRESS
 CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address with another like empowered.

SIGNATURE: *St. Germain* ROGER L. ST. GERMAIN 11 JAN 02 863-696-4486
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)