

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 18, 2004 8:00 am
Secretary of State

02-18-2004 90021 044 ****61.25

DOCUMENT # N96000000744

1. Entity Name

**POST NAME: FEDHAVEN MEMORIAL POST NO: 7361
VETERANS OF FOREIGN WARS OF THE UNITED**



Principal Place of Business

**FEDHAVEN FIRE STATION
FEDHAVEN FL 33854**

Mailing Address

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

2. Principal Place of Business

FEDHAVEN MEMORIAL POST 7361

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

FEDHAVEN FL

City & State

4. FEI Number

59-3219415

Applied For

Not Applicable

Zip

33854

Country

USA

Zip

Country

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. I am familiar with, and accept the obligations of registered agent.

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
Due By May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	TS	<input type="checkbox"/> Delete
NAME	ST.GERMAIN, ROGER	
STREET ADDRESS	2320 THOREAU DRIVE	
CITY - ST - ZIP	LAKE WALES FL 33898	
TITLE	P	<input type="checkbox"/> Delete
NAME	LAMBIASE, RICHARD	
STREET ADDRESS	2501 ALCOTT DRIVE	
CITY - ST - ZIP	LAKE WALES FL 33898	
TITLE	VD	<input type="checkbox"/> Delete
NAME	SCALES, JOHN	
STREET ADDRESS	P.O BOX 8747	
CITY - ST - ZIP	FEDHAVEN FL 33854	
TITLE	T	<input type="checkbox"/> Delete
NAME	RAYMOND, ROBERT	
STREET ADDRESS	P.O BOX 8176	
CITY - ST - ZIP	FEDHAVEN FL 33854	
TITLE	D	<input type="checkbox"/> Delete
NAME	TURNER, RUSSELL	
STREET ADDRESS	2306 HOLMES DRIVE	
CITY - ST - ZIP	LAKE WALES FL 33898	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	STAHL, HERBERT	
STREET ADDRESS	2201 CLUB CIRCLE	
CITY - ST - ZIP	FEDHAVEN FL 33854	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D LOY, CLARENCE
STREET ADDRESS	2404 ALCOTT DRIVE
CITY - ST - ZIP	LAKE WALES, FL 33898

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 all other like empowered.

SIGNATURE: *Roger L. St. Germain* ROGER L. ST. GERMAIN 13 FEB 04 863 696-4486
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #