

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2008 8:00 am
Secretary of State

01-17-2008 90019 022 ****61.25

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1. Entity Name

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



Principal Place of Business

FEDHAVEN MEMORIAL POST 7361
FEDHAVEN, FL 33854

Mailing Address

P O BOX 8772
FEDHAVEN, FL 33854 US

DO NOT WRITE IN THIS SPACE



01062008 No Chg-NP

CR2E037 (4/06)

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

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

**DO NOT WRITE
IN THIS SPACE**

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

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE TS
NAME ST. GERMAIN, ROGER
STREET ADDRESS 2320 THOREAU DRIVE
CITY-ST-ZIP LAKE WALES, FL 33898

TITLE D
NAME LAMBIASE, RICHARD
STREET ADDRESS 2501 ALCOTT DRIVE
CITY-ST-ZIP LAKE WALES, FL 33898

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

TITLE T
NAME RAYMOND, ROBERT
STREET ADDRESS P.O BOX 8176
CITY-ST-ZIP FEDHAVEN, FL 33854

TITLE P
NAME CAVESE, JOHN
STREET ADDRESS 1410 CHAMBERLAIN LOOP
CITY-ST-ZIP LAKE WALES, FL 33853

TITLE D
NAME LOY, CLARANCE
STREET ADDRESS 2404 ALCOTT DRIVE
CITY-ST-ZIP LAKE WALES, FL 33898

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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**

14 JAN 08 **863-696-4486**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #