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May 01 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N96000004113 (4)**

1. Corporation Name

**WEST EAU GALLIE POST 3991, VETERANS OF FOREIGN W
ARS OF THE UNITED STATES, INC.**

Principal Place of Business

Mailing Address

**3788 TURTLE MOUND RD.
MELBOURNE FL 32934**

**3788 TURTLE MOUND RD.
MELBOURNE FL 32934**

3. Date Incorporated or Qualified

08/07/1996

4. FEI Number

59-3191491

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
24 **25** **BREVARD**

28 Zip Country
29 **30** **BREVARD**

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

**DELANEY, JAMES P
3788 TURTLE MOUND RD.
MELBOURNE FL 32934**

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

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

NOTE: Registered Agent signature required when reinstating)

4-18-98

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **DP** ☐ DELETE
NAME **DELANEY, JAMES P**
STREET ADDRESS **3788 TURTLE MOUND RD.**
CITY-ST-ZIP **MELBOURNE FL 32934**

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

TITLE **DV** ☐ DELETE
NAME **JARVIS, RAY JR.**
STREET ADDRESS **2807 KINGSMILL AVE.**
CITY-ST-ZIP **MELBOURNE FL 32934**

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS **4141 CAREY WOOD DRIVE**
2.4 CITY-ST-ZIP

TITLE **S** ☐ DELETE
NAME **SNYDER, NEVIN**
STREET ADDRESS **3380 CHAPPARAL CT.**
CITY-ST-ZIP **MELBOURNE FL 32934**

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

TITLE **DT** ☐ DELETE
NAME **SAWYER, KEN**
STREET ADDRESS **2935 TURTLEMOUND RD.**
CITY-ST-ZIP **MELBOURNE FL 32934**

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS **2311 SKY WIND CIRCLE**
4.4 CITY-ST-ZIP **MELBOURNE FL 32935**

TITLE **D** ☐ DELETE
NAME **SCHMAL, GARY J**
STREET ADDRESS **4754 SPARROW WAY**
CITY-ST-ZIP **ST. CLOUD FL 34772**

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

TITLE **D** ☐ DELETE
NAME **SWEARNGAN, WILLIAM**
STREET ADDRESS **803 CASA GRANDE DR.**
CITY-ST-ZIP **MELBOURNE FL 32940**

6.1 TITLE ☐ Change ☐ Addition
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:

James P. Delaney

JAMES P. DELANEY 4-18-98

407 254 3580

CR2E037 (10/97)