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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N96000004113**

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

2. Principal Place of Business (21) — Suite, Apt. #, etc. (22) — City & State (23) — Zip (24) — Country (25)

2a. Mailing Address (26) — Suite, Apt. #, etc. (27) — City & State (28) — Zip (29) — Country (30)

3. Date Incorporated or Qualifed: 08/07/1996

4. FEI Number: 59-3191491 ☐ Applied For ☐ Not Applicable

5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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 4-26-99
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	DP	☐ DELETE	1.1 TITLE	~~DP~~ DV	☒ Change ☐ Addition
NAME	DELANEY, JAMES P		1.2 NAME		
STREET ADDRESS	3788 TURTLE MOUND RD.		1.3 STREET ADDRESS		
CITY-ST-ZIP	MELBOURNE FL 32934		1.4 CITY-ST-ZIP		
TITLE	DV	☐ DELETE	2.1 TITLE	DP	☒ Change ☐ Addition
NAME	JARVIS, RAY JR.		2.2 NAME		
STREET ADDRESS	4161 CAREY WOOD DR		2.3 STREET ADDRESS		
CITY-ST-ZIP	MELBOURNE FL 32934		2.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	SNYDER, NEVIN		3.2 NAME		
STREET ADDRESS	3360 CHAPPARAL CT.		3.3 STREET ADDRESS		
CITY-ST-ZIP	MELBOURNE FL 32934		3.4 CITY-ST-ZIP		
TITLE	DT	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	SAWYER, KEN		4.2 NAME		
STREET ADDRESS	2311 SKYWIND CIR		4.3 STREET ADDRESS		
CITY-ST-ZIP	MELBOURNE FL 32935		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	SCHMAL, GARY J		5.2 NAME		
STREET ADDRESS	4754 SPARROW WAY		5.3 STREET ADDRESS		
CITY-ST-ZIP	ST. CLOUD FL 34772		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	SWEARNGAN, WILLIAM		6.2 NAME		
STREET ADDRESS	603 CASA GRANDE DR.		6.3 STREET ADDRESS		
CITY-ST-ZIP	MELBOURNE FL 32940		6.4 CITY-ST-ZIP		

CR2E037 (11/98)

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: James P. Delaney **REQUIRED** 4-26-99 407 254 3580
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #