2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 15, 2001 8:00 am
Secretary of State
02-15-2001 90070 044 ****61.25

DOCUMENT # N96000004113

1. Entity Name

WEST EAU GALLIE POST 3991, VETERANS OF FOREIGN W

717151

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
~~3788 TURTLE MOUND RD. MELBOURNE FL 32934~~ 2742 AURORA RD MELBOURNE FL 32935	~~3788 TURTLE MOUND RD. MELBOURNE FL 32934~~ 2345 GOLF LAKE CIR 921 MELBOURNE FL 32935

2. Principal Place of Business	3. Mailing Address
2742 AURORA RD	2345 GOLF LAKE CIR
Suite, Apt. #, etc.	Suite, Apt. #, etc. UNIT 921
City & State: MELBOURNE FL	City & State: MELBOURNE, FL
Zip: 32935 Country: BREVARD	Zip: 32935 Country: BREVARD

4. FEI Number 59-3191491 ☐ 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
DELANEY, JAMES P ~~3788 TURTLE MOUND RD.~~ 2345 GOLF LAKE CIR -921 MELBOURNE FL ~~32934~~ MELBOURNE, FL 32935	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 James P. Delaney
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	DV DELANEY, JAMES P 3788 TURTLE MOUND RD. MELBOURNE FL 32934	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition 2345 GOLF LAKE CIR - UNIT 921 MELBOURNE, FL 32935
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP JARVIS, RAY JR. 4161 CAREY WOOD DR MELBOURNE FL 32934	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S SNYDER, NEVIN 3360 CHAPPARAL CT. MELBOURNE FL 32934	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT SAWYER, KEN 2311 SKYWIND CIR MELBOURNE FL 32935	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SCHMAL, GARY J 7450 CRABGRASS RD SAINT CLOUD FL 34773	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (10/00)

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: James P. Delaney REQUIRED 2-8-01 321 752 9003
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #