

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90069 003 ****61.25

DOCUMENT # N96000004113

1. Entity Name

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



Principal Place of Business

**2742 AURORA ROAD
MELBOURNE FL 32935
US**

Mailing Address

**420 VIZCAYA CT
MELBOURNE FL 32940
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

**DELANEY, JAMES P
2345 GOLF LAKE CIR 921
MELBOURNE FL 32935**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

420 VIZCAYA CT

City

MELBOURNE

FL

Zip Code

32940

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **DV** ☐ Delete
NAME **DELANEY, JAMES P**
STREET ADDRESS **420 VIZCAYA CT**
CITY-ST-ZIP **MELBOURNE FL 32940**

TITLE **D/S** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **DP** ☐ Delete
NAME **JARVIS, RAY JR.**
STREET ADDRESS **4161 CAREY WOOD DR**
CITY-ST-ZIP **MELBOURNE FL 32934**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE **D** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **DT** ☒ Delete
NAME **SAWYER, KEN**
STREET ADDRESS **2311 SKYWIND CIR**
CITY-ST-ZIP **MELBOURNE FL 32935**

TITLE **D/V** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D/T** ☐ Change ☒ Addition
NAME **PILGER, ERIC C.**
STREET ADDRESS **661 HICKAM DR.**
CITY-ST-ZIP **MELBOURNE, FL 32901**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE REQUIRED

1-16-03 321752 9003

CR2E037 (10/02)