

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

1996 3-15-96

B-2320 C

DOCUMENT # 714291 (2)

1. Corporation Name

WAINWRIGHT POST NO. 2185 VETERANS OF FOREIGN WAR S OF THE UNITED STATES, INC



Principal Place of Business

Mailing Address

2136 SHERMAN AVE
PANAMA CITY FL 32405

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PANAMA CITY FL 32405

3. Date Incorporated or Qualified
03/22/1968

3a. Date of Last Report
03/07/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

4. FEI Number
59-0732976

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WEISS, JOHN C
1619 MISSOURI AVE
LYNN HAVEN FL 32444

81 Name
PAUL KIRKER, SR

82 Street Address (P.O. Box Number is Not Acceptable)
211 LANNIE ROWE DRIVE

83

84 City
PANAMA CITY

FL

85 Zip Code
32404

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: PAUL KIRKER, SR. COMMANDER POST 2185

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

19 January 1996
DATE

12. OFFICERS AND DIRECTORS

TITLE: D DELETE
NAME: FIFER, GEORGE A.
STREET ADDRESS: 328 COLLEGE AVE
CITY-ST-ZIP: PANAMA CITY FL

TITLE: T DELETE
NAME: WEST, ALEX W
STREET ADDRESS: 1619 MAIN AVE
CITY-ST-ZIP: LYNN HAVEN FL

TITLE: D DELETE
NAME: BRANDA, JOHN F
STREET ADDRESS: 1531 CEDAR AVE
CITY-ST-ZIP: PARKER FL

TITLE: D DELETE
NAME: LONG, MICHAEL H.
STREET ADDRESS: 409 SCHOOL AVE G3
CITY-ST-ZIP: PANAMA CITY FL

TITLE: DELETE
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: DELETE
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE: COMMANDER D Change Addition
1.2 NAME: KIRKER, PAUL
1.3 STREET ADDRESS: 211 LANNIE ROWE DRIVE
1.4 CITY-ST-ZIP: CALLAWAY, FL 32404

2.1 TITLE: Change Addition
2.2 NAME:
2.3 STREET ADDRESS:
2.4 CITY-ST-ZIP:

3.1 TITLE: D Vice Cmdr Change Addition
3.2 NAME: HARKNESS, CORY
3.3 STREET ADDRESS: 316 BRIGGS LANE
3.4 CITY-ST-ZIP: SOUTHPORT, FL 32409

4.1 TITLE: Change Addition
4.2 NAME:
4.3 STREET ADDRESS:
4.4 CITY-ST-ZIP:

5.1 TITLE: D Jr Vice Cmdr Change Addition
5.2 NAME: WEATHERLY, JAKE
5.3 STREET ADDRESS: 528 N. BERTHE AVE
5.4 CITY-ST-ZIP: CALLAWAY, FL 32404

6.1 TITLE: Change Addition
6.2 NAME: D Surgeon
6.3 STREET ADDRESS: HASKINS, BOB
6.4 CITY-ST-ZIP: 2726 OEARCY ROAD
CALLAWAY, FL 32404

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

19 Jan 96

Date

904-769-0625

Daytime Phone #

CR2E037 (12/95)