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Apr 11 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



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

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

2136 SHERMAN AVE
PANAMA CITY FL 32405-6237

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/22/1968	3a. Date of Last Report 03/15/1996
21		26		4. FEI Number 59-0732976	Applied For Not Applicable
22. Suite, Apt. #, etc.		27. Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23. City & State		28. City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Zip	25. Country	29. Zip	30. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

KIRKER, PAUL SR
211 LANNIE ROWE DRIVE
PANAMA CITY FL 32404

10. Name and Address of New Registered Agent

81 Name
FREDERICK A. KAISER

82 Street Address (P.O. Box Number is Not Acceptable)
5008 MARLA 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: *Frederick A. Kaiser* DATE: **5 APRIL 97**

Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		
TITLE	CD	<input checked="" type="checkbox"/> DELETE
NAME	KIRKER, PAUL	
STREET ADDRESS	211 LANNIE ROWE DRIVE	
CITY-ST-ZIP	CALLAWAY FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	WEST, ALEX W	
STREET ADDRESS	1619 MAIN AVE	
CITY-ST-ZIP	LYNN HAVEN FL	
TITLE	DVC	<input checked="" type="checkbox"/> DELETE
NAME	HARKNESS, CORY	
STREET ADDRESS	316 BRIGGS LANE	
CITY-ST-ZIP	SOUTHPORT FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	LONG, MICHAEL H.	
STREET ADDRESS	409 SCHOOL AVE G3	
CITY-ST-ZIP	PANAMA CITY FL	
TITLE	DVC	<input checked="" type="checkbox"/> DELETE
NAME	WEATHERLY, JAKE	
STREET ADDRESS	528 N BERTHE AVENUE	
CITY-ST-ZIP	CALLAWAY FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	HASKINS, BOB	
STREET ADDRESS	2726 OERCY ROAD	
CITY-ST-ZIP	CALLAWAY FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	FRED KAISER	
1.3 STREET ADDRESS	5108 MARLA DR.	
1.4 CITY-ST-ZIP	PANAMA CITY FL 32404	
2.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	JOEL R BECK	
2.3 STREET ADDRESS	2300 SHERMAN AVE. LOT 16	
2.4 CITY-ST-ZIP	PANAMA CITY FL 32405	
3.1 TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	PAUL KIRKER SR	
3.3 STREET ADDRESS	211 LANNIE ROW DR.	
3.4 CITY-ST-ZIP	CALLAWAY FL 32444	
4.1 TITLE	TR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	MERLE LOWERY	
4.3 STREET ADDRESS	1604 TYDNALL DR.	
4.4 CITY-ST-ZIP	PANAMA CITY FL 32401	
5.1 TITLE	TR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	BOB HASKINS	
5.3 STREET ADDRESS	2726 OERCY ROAD	
5.4 CITY-ST-ZIP	CALLAWAY FL 32444	
6.1 TITLE	TR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	ALEX W WEST	
6.3 STREET ADDRESS	1619 MAIN AVE	
6.4 CITY-ST-ZIP	LYNN HAVEN FL 32444	

14. I do 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: *Joel R. Beck* DATE: **4-5-97** DAYTIME PHONE: **769-9041**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/96)